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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Kenya
Support for a comprehensive population programme

Proposed UNFPA assistance:	$13.6 million, of which $9.6 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $4 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Four years
Estimated starting date:	January 1992
Executing agencies:	Government of Kenya United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	National Council for Population and Development

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KENYA

Demographic facts

Population Total (000)	
Total	24,031
Males	12,021
Females	12,011
Sex ratio (/100 females)	100.1
Urban	5,664
Rural	18,367
Per cent urban	23.6
Population in year 2000 (000)	35,060
Functional age groups (%)	
Young child: 0-4	19.5
Child: 5-14	30.4
Youth: 15-24	19.3
Elderly: 60+	4.4
65+	2.9
Women: 15-49	20.8
Median age (years)	15.1
Dependency ratios: total	111.8
(/100) Aged 0-14	105.6
Aged 65+	6.2
Agricultural population density (/hectare of arable land)	9.30
Population density (/sq. km.)	41
Average annual change (000)	
Population increase	989
Births	1,247
Deaths	258
Net migration	0
Annual population total (% growth)	3.74
Urban	6.94
Rural	2.64
Crude birth rate (/1000)	47.0
Crude death rate (/1000)	9.7
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	6.80
Gross reproduction rate (/woman)	3.35
Net reproduction rate (/woman)	2.81
Infant mortality rate (/1000)	64
Life expectancy at birth (years)	
Males	59.0
Females	63.0
Both sexes	61.0
GNP per capita (U.S. dollars, 1989)	360

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $13.6 million, of which $9.6 million would be programmed from UNFPA's regular resources, over a four-year period, starting January 1992, to assist the Government of Kenya in achieving its population and development objectives. UNFPA would seek to provide the balance of $4 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme, UNFPA's fourth cycle of assistance to Kenya, responds to the Government's increased resolve to address its population concerns. It has been developed in consultation with the Government and takes into account: (a) ongoing national efforts to accelerate the recent decline in fertility; (b) Kenya's Sixth National Development Plan (1989-1993); (c) lessons learned from UNFPA-supported activities to date; and (d) findings and recommendations of the 1991 Programme Review and Strategy Development (PRSD) exercise and of the Fund's 1990 mid-term review. The programmes also takes into consideration assistance proposed by other donors. However, it was impossible to synchronize UNFPA's proposed assistance with the programme cycles of those donors because of expenditures already incurred under UNFPA's current programme.

3. The proposed programme would support government efforts: (a) to reduce the rate of population growth from 3.3 per cent (1989) to 2.5 per cent by the year 2000; (b) to reduce the total fertility rate from 6.7 (1989) to 5.0 by the year 2000; and (c) to enhance the health and socio-economic status of women and adolescents through improved and expanded maternal and child health and family planning (MCH/FP) services and population information, education and communication (IEC) services.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para.14 (f)).

II. BACKGROUND

5. Demographic trends. According to projections based on the 1989 census, Kenya has a 1991 population of 23.4 million.* With an annual growth rate of 3.3 per cent, the population is projected to reach 35 million by the year 2000 and to double in 21 years. There are recent signs that fertility is beginning to fall. For example, the 1989 Demographic and Health Survey indicates a drop in total fertility from 7.7 to 6.7 between 1984 and 1989. The crude birth rate also fell, from 52 per 1,000 in 1979 to 46 in 1989. Additionally, the contraceptive prevalence rate rose from 17 per cent to 27 per cent between 1984 and 1989. Moreover, approximately 90 per cent of women in the survey stated their approval of family planning. The cause of the

*The results of the 1989 census differ from United Nations projections, which are provided on p. 2 of this report. For the sake of consistency, the demographic data presented in paragraphs 5, 7 and 8 are based on findings of the 1989 census.

fertility decline are now under investigation. One theory is that increasing educational levels and expectations as well as the rising costs of education are responsible, together with the improved availability of family planning information and services.

6. Social and economic factors. Less than one-fifth of Kenya's total land area (582,646 square kilometres) is arable. Agriculture is the mainstay of the economy, employing 70 per cent of the national labour force. Per capita income is $360 (1989) and is expected to grow at the rate of 2.1 per cent during the 1989-1993 period.

7. Rural-to-urban migration has contributed to an increase in the urban population from 2.3 million (1979) to 3.8 million (1989), an inter-censal growth rate of 5.2 per cent. Nairobi, with 1.3 million inhabitants, has 34 per cent of the urban population. Rapid urban growth rates have led to acute pressure on urban social services.

8. Kenya has made significant improvements in health since Independence in 1963. This is evidenced by reductions in the infant mortality rate from 126 per 1,000 (1962) to 70 per 1,000 (1989), in crude death rate from 20 per 1,000 (1962) to 13 per 1,000 (1989), and an increase in life expectancy from 44 years (1962) to 59 years (1989). Kenya has approximately 2,000 health facilities, 1,352 of which provide family planning services. The static centres are supported by an estimated 1,000 community-based distributors of contraceptives.

9. The national literacy rate is 50 per cent. The ratio of boys to girls enrolled in formal education programmes widens from 107 to 100 in primary school to 144 to 100 in secondary school. One reason for this difference is the higher drop-out rate for girls because of early pregnancies.

10. Despite government efforts to improve women's health as well as their educational and employment opportunities, socio-cultural barriers to their advancement still exist. These barriers include early age of marriage (17-20 years), pro-natalistic attitudes and near-universal marriage -- all of which encourage high fertility and its associated health risks. Records indicate that the incidence of maternal morbidity and mortality is increasing. Reproductive problems are afflicting the 15-25 age group especially. Nevertheless, the country lacks an official policy and programme to deal with adolescents as a "high-risk" group.

11. Notwithstanding evidence of the beginnings of a fertility decline, the Government remains concerned about the country's demographic profile because of its long-term negative impacts on health and on the Government's ability to achieve its social and economic goals. The high population growth rate has also led to environmental deterioration and overexploitation of limited arable land.

12. These concerns have been at the heart of Kenya's population policies and programmes since the mid-1960s. The Government announced a national population policy and established a national family planning programme in 1967; it officially declared its intent to expand family planning services in 1974, in connection with the World Population Conference; and it created the National Council on Population and Development (NCPD) in 1982, charging it with coordination of the national population programme. However, little concrete progress was made in the first two decades despite several policy measures. In 1986, the leadership outlined proposals emphasizing the extension of family planning services through all channels, including private and commercial, and decentralizing population programmes to the district level. Two national population conferences -- one in 1984 and one in 1989 -- helped intensify the commitment of Kenya's leaders to the population programme. The recommendations of these conferences included, inter alia,

increased governmental financial support to population programmes and greater efforts to create demand for family planning.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

13. Before 1987, UNFPA supported Kenya's population activities through two country programmes in the total amount of $7.1 million. Areas assisted were MCH/FP and training in MCH/FP service delivery, data collection and analysis, demography, and programme management. Major achievements were the establishment of the Research and Evaluation Unit in the Ministry of Health's Division of Family Health, analysis of the 1979 population census, provision of equipment for mobile clinics, establishment of a civil registration system in seven districts, and the training of 10 nationals to master's-degree level in demography and of 800 family health field educators. Overall, this assistance enhanced awareness of population issues, appreciation of the multisectoral nature of population issues, and recognition of the need for a more explicit population policy.

14. In 1987, the Governing Council approved $10 million ($6 million from UNFPA regular resources and $4 million from multi-bilateral sources) to support the third country programme from 1987 to 1991. The overall objective of the programme was to stimulate demand for family planning through a wide range of multisectoral and decentralized population activities, with the IEC sector figuring prominently in the programme. By the end of 1991, UNFPA and multi-bilateral expenditures were expected to reach $5.3 million and $4 million respectively. Canada, Norway and Sweden contributed multi-bilateral funds to the programme.

Maternal and child health and family planning

15. UNFPA assistance to the MCH/FP sector aimed at promoting acceptance and strengthening the delivery of MCH/FP services to underserved groups. Support to enhance the community-based distribution (CBD) of family planning services is expected to produce an inventory of CBD activities and static family planning service delivery points throughout the country. Both will be indispensable for setting up family planning programmes in the future. Other accomplishments include increasing the number of new acceptors of family planning, training 491 nurses, traditional birth attendants (TBAs), and CBD agents in service delivery; and training 1,400 community workers and 1,000 men as family planning motivators. In addition, family planning services were integrated into MCH services in areas served by these activities, clinics were renovated and equipped for delivering family planning services, at least 62 health centres and 8 hospitals began to offer family planning services, and guidelines for operating revolving-loan systems within integrated MCH/FP and IEC programmes were created. Also, contraceptives were provided to enable the Government to meet national needs. The main difficulties encountered were the lack of baseline data for planning and evaluation, weak systems for producing service statistics, overambitious objectives, and the lack of expertise in undertaking integrated MCH/FP, IEC and income-generation projects.

Information, education and communication

16. UNFPA supported various IEC activities aimed at promoting demand for family planning services, encouraging positive attitudes towards population and family planning issues, and changing attitudes towards small family size. This assistance resulted in the generation of socio-cultural data for developing messages; production of population education curricula and teachers' guides, which are currently being used experimentally in 54 primary and 20 secondary schools; production of a radio programme on family planning; production of motivational materials; and the sensitization of many workers and their families on family

planning issues. Family life education themes are expected to be integrated into the training programmes of agricultural extension workers by mid-1992. Meanwhile, a curriculum for training in family life education was developed and is now being tried out in programmes for adult education and community development training. In addition, a framework was created for making population communication part of the regular training programmes of the Kenya Institute of Mass Communication, which initiated formal training courses in population communication. The major constraints in these activities were delays in conducting baseline sociocultural research, ineffectual messages that were aimed at wide audiences rather than specific groups and that failed to address adolescent sexuality, the weak linkage of IEC with family planning service delivery, insufficient national expertise and inadequate technical backstopping, and weak coordination.

Data collection and analysis

17. UNFPA support to the 1989 population census strengthened national capabilities and institutional machinery for large-scale data collection, processing and analysis. With the up-to-date demographic and socio-economic data provided by the census, the Government has already been able to use preliminary findings in its development planning. The major project constraints were the slow release of government counterpart contributions and a high staff turnover.

Population policy formulation

18. UNFPA supported various activities, including the 1989 National Leaders' Conference, work on district population planning and population employment planning (in collaboration with UNDP), that aimed at enhancing the commitment of policy makers and planners to the population programme and at strengthening national capabilities and mechanisms for population, employment and development planning. As major outcomes of these activities, the Government adopted specific demographic targets, established District Population Offices in 14 priority districts, and increased district-level population-development planning. Major constraints were inadequate technical backstopping and the shortage of office accommodations.

Population dynamics

19. UNFPA assisted three activities concerned with population demographics -- strengthening demographic training and research, training in population management and administration, and operations research. These resulted in the training of nine nationals (including three women) at the master's-degree level and nine nationals at the diploma-level; the development of training curricula for in-service courses for sectoral planners; the establishment of a population administration training unit at the Kenya Institute of Administration; the training of 280 project managers and planners from various sectors; and the generation of data on male motivation for family planning. The principal constraint was inadequate staff capacity.

Women, population and development

20. With the aim of enhancing the socio-economic status of women and youth through improved access to financial resources and health services, UNFPA supported activities aimed at employment promotion and the provision of MCH/FP services and in setting up a database on women. The former, targeted at women and youth residing in slum areas, resulted in the establishment of a mobile MCH/FP clinic system and increased attendance at MCH/FP health posts in slums. Furthermore, family life education themes were integrated into vocational training programmes, at least 400 men and women were trained in various skills and

business management, and guidelines were established for operating a revolving-loan system. The main constraints were the lack of technical expertise and a weak institutional framework,the lack of data for impact assessment, and poor linkages between employment-generation and health components.

Special programmes

21. UNFPA assisted an activity with the overall objective of establishing a mechanism for multisectoral development support to slum areas in Nairobi. It succeeded in sensitizing slum residents to population and family planning issues, establishing a CBD system which relies on trained Community Health Workers, and integrating population IEC services and contraceptive distribution into recreational activities for men and community groups. The major difficulty was that the activity was poorly designed and did not sufficiently address the institutional framework for the implementation process.

Other external assistance

22. A number of donors, including Sweden, the United Kingdom and the United States of America, have provided contraceptives to Kenya's population programme. World Bank loans have also been used for that purpose. All of these donors as well as Finland intend to continue such support, although the need for certain supplies will probably exceed expected assistance.

23. Canada, Denmark, Finland, Germany, Norway, the United Kingdom and the United States as well as the World Bank have supported training and family planning services. However, most of these donors' plans beyond 1993 are uncertain. Because of the emphasis of the United States on private-sector activities, the World Bank's intended movement away from IEC and family planning activities towards capital components, such as construction, and some donors' concentration on meeting needs in limited geographical areas, UNFPA support may be needed in large geographical areas that are not covered by other donors, especially for public-sector activities.

24. Both directly and through multi-bilateral arrangements, UNFPA has been a major source of support for the IEC sector, and other donors' plans are predicated on UNFPA's continued assistance. In the past, Canada, Japan, the United Kingdom, the United States and the World Bank provided assistance for IEC.

25. Canada provided support for the census. Before terminating bilateral assistance to Kenya, Norway supported demographic training and research and integrated family planning and income-generating activities. Sweden contributed to the district population programme and helped improve the database on women. The United States Agency for International Development (USAID) assisted in the establishment of the National Council on Population and Development (NCPD).

26. The United Nations Children's Fund (UNICEF) has supported an extensive network for the expanded programme on immunization (EPI). The United Nations Development Programme (UNDP) and WHO have contributed to education on AIDS prevention.

IV. PROPOSED PROGRAMME 1992-1995

27. As noted by the 1991 PRSD mission, Kenya's implementation of programmes to achieve its population policy objectives has improved markedly over the last few years. However, clear implementation strategies are still lacking. With regard to the various sectors, priority clearly should be given to expanding family

planning services to previously underserved populations and to undertaking expanded, audience-specific IEC activities closely coordinated with the availability of services. The wide disparity between knowledge and practice suggests that achieving future increases in the contraceptive prevalence rate will depend upon creating specific messages to fill identified information gaps, in addition to improving upon the quality and coverage of family planning services.

28. A programme of $13.6 million is proposed for UNFPA assistance from 1992 to 1995. This programme reflects the PRSD mission's observations and recommendations, which were developed in collaboration with the Government, the experience gained in implementing previous country programmes, and expected patterns of support from the Government and other sources of external assistance. The programme has been designed especially to fit into national population and development plans and policies.

29. In addition to the objectives outlined in paragraph 3 above, the proposed programme would help the Government: (a) reduce the crude birth rate from 46 per 1,000 (1989) to 42 per 1,000 by 1995 and to 35 per 1,000 by the year 2000; (b) reduce the crude death rate from 13 per 1,000 (1989) to 11 per 1,000 by 1995, and 10 per 1,000 by the year 2000; (c) increase the contraceptive prevalence rate from 27 per cent (1989) to 38 per cent by 1996 and to 44 per cent by the year 2000; and (d) attain a more balanced distribution of the population between rural and urban areas.

30. In pursuit of the above objectives, the proposed programme would aim at achieving the following by 1995: (a) putting into place strategic plans for implementing national and district population programmes, strengthening the NCPD's capacity for planning and monitoring population programmes and for supporting ministries and NGOs in programme management; (b) strengthening national- and district-level capacity for planning, implementation and management of population programmes; (c) expanding the accessibility of MCH/FP services by establishing family planning services in at least every district and division; (d) reaching a large proportion of all post-partum women with IEC counselling and family planning services, and creating better linkages among IEC, family planning, and EPI services; (e) strengthening national advocacy in favour of women's and youth's concerns and developing action plans to improve the health status of women and adolescents; and (f) sensitizing national and community leaders on the interrelationship between population, the environment and development.

Maternal and child health and family planning

31. Assistance to the MCH/FP sector would aim at increasing contraceptive prevalence by improving the quality of, and expanding access to, family planning services. The NCPD must, therefore, improve its management information system to permit identification of the locations of static and CBD family planning services, of those populations with and without access to them, and of those groups reached and not reached by various IEC approaches. The overall strategy would be to augment service delivery through static clinic networks (particularly the dispensaries) backed up by an expanded CBD network, using existing field workers and health delivery networks, and taking into account fertility variations at the district level. By the end of 1992, it is expected that existing service points and CBD networks would have been completed and underserved populations would have been identified, thus permitting the planning of service delivery for every district and division. The remainder of the 1992-1995 period would be devoted to implementation of these plans. To encourage appreciation of the health rationale for family planning, the implementation plan would add targets expressed in terms of the reduction of high-risk births.

32. Because adolescent reproductive behaviour has become a health and social problem, UNFPA would support, initially, research aimed at awareness creation. Once greater awareness has been achieved, UNFPA would look at opportunities to provide assistance for information and services aimed at this high-risk group.

33. The proposed programme would strengthen District Health Management Teams as the backbone for supervising and monitoring services, and would further strengthen required supervisory and support networks at subdistrict levels. The programme would contribute towards the costs of in-service training for appropriate categories of health workers. In addition, it would introduce family planning IEC messages into EPI educational and community mobilization sessions, incorporate family planning services into EPI service programmes supported by UNICEF, and institute mechanisms for monitoring family planning delivery simultaneously with immunization monitoring.

34. To ensure an uninterrupted supply of contraceptives, UNFPA would also assist the Government in convening meetings of external assistance agencies aimed at developing a medium- to long-term plan for financing contraceptive supply. Although other donors currently provide contraceptives, any disruption in supply would be highly damaging. Consequently, UNFPA is working with the Government and other donors to ensure financing for medium- and long-term needs and will supply some contraceptives in the meantime.

35. The programme would also assist the Ministry of Health and the NCPD in conducting operational research on reasons for the wide gap between knowledge and use of family planning. UNFPA would provide a total amount of $7.1 million for the MCH/FP sector, of which $2 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

36. Assistance to the IEC sector would be aimed at promoting responsible parenthood behaviour, particularly among men and youth, improving documentation and dissemination of population information, and enhancing awareness of the connection among population, development, the environment and other socio-economic issues.

37. The proposed strategy would include tailoring IEC activities to the requirements of family planning services and other sectoral programmes, giving greater visibility to the health benefits of family planning, creating specific messages responding to the concerns of identified audiences, and institutionalizing population and family planning awareness-creation activities in educational, recreational and developmental programmes. This strategy would rely on mass media and interpersonal communication and would mobilize influential leadership groups (such as parliamentarians, shop stewards, health service providers and outreach workers, women's group leaders and agricultural extension workers) to enhance public appreciation of population-development interrelationships and to enlist new family planning acceptors. In addition, the programme would promote the participation of a cross-section of the population, including school teachers and workers, as family planning motivators. All IEC messages would be based on socio-cultural research.

38. Until now, the Government's approach has been to encourage many governmental bodies and NGOs to undertake initiatives in providing services and IEC. However, because coordination was weak, some groups were recipients of duplicated efforts whereas others were left entirely neglected. Coordination of inputs to ensure that underserved groups are reached is a high priority for accelerating fertility decline. While assisting the NCPD in assuming a greater role in coordinating, without rigidly controlling field activities, UNFPA would

still encourage continued implementation of specific activities by NGOs, including women's groups, and line ministries already involved in IEC activities.

39. To facilitate the dissemination of information on population activities, the programme would help establish a national population documentation data bank, linking population library resources of all participating organizations.

40. It is anticipated that population education would be introduced into the curricula of teacher training colleges and at least half of all primary and secondary schools. Population education materials would emphasize such concerns as adolescent sexuality, pregnancy prevention, and their implications for meeting education, health and other personal and community development goals.

41. To promote the development of positive attitudes towards the small-family norm, the programme would support the integration of family life education into the curricula of the Tom Mboya Labour College and continued assistance to institutionalize training in family life education in the curricula of agricultural training institutes and adult education programmes. To further strengthen national capabilities for communicating population messages, the programme would continue support for integrating population communication into the curricula for training mass communication professionals and community-level workers responsible for promoting attitudinal changes towards small family size.

42. The programme would support IEC specifically for male groups, such as the Kenya Football Federation, and police, army and workers' organizations, focusing on the benefits of family planning. Outreach services would be provided for some of these groups. Building upon previous assistance for family life education in the organized-labour sector and taking into consideration USAID-supported assistance to the private sector, the programme would identify potential family planning motivators and CBD agents in public-sector establishments, labour unions and cooperative societies and assist them in addressing men's specific concerns about family planning acceptance.

43. The programme would also support training of various categories of health field staff who have contact with the public, including nurses, clinical and medical officers, EPI workers, teachers, etc., in basic knowledge of contraceptive methods and in how to counsel people on the benefits of contraception.

44. The programme would support activities to contact new mothers, initially in their home or in health facilities before discharge, to discuss ways to space or limit the next birth. Health staff, TBAs, women's groups and other community level workers would be used for these services, their efforts coordinated with other activities to ensure registration of all births and to provide of basic post-delivery health services. To help address men's concerns about family planning and to increase their sense of responsibility, the health workers and others would encourage husbands to participate in the discussions with new mothers. Close collaboration with the EPI programme would facilitate the identification of post-partum women. UNFPA would provide a total amount of $3 million for the IEC sector, of which $1 million would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

45. The objective of proposed UNFPA assistance for data collection and analysis is to ensure continual availability of up-to-date and accurate demographic and socio-economic data for development planning, and to strengthen national expertise and machinery for continuous monitoring of the population programme. UNFPA would thus support in-depth analysis, dissemination and application of the 1989 census results, including publication of basic reports as well as specific reports on fertility, mortality, migration, labour force characteristics, social and housing status, urbanization and other special data as necessary. The programme would encourage disaggregation of data by sex, age and geographic location. Assistance would also be available for the updating of census enumeration maps.

46. UNFPA would also support the Government's efforts to identify and institutionalize systems for continually monitoring programme impact and providing rapid local feedback and policy/programme review. In keeping with the focus on addressing high-risk groups, the proposed programme would assist the Government in establishing a dual registration system in pilot areas, whereby new births would be registered and followed up in order to track the need for family planning counselling and services. Support would also go towards devising and applying other practical ways of regularly assessing high-risk births.

47. UNFPA would help the Government to include population modules in its National Household Welfare Monitoring and Evaluation Survey, which would then yield data for designing and revising structural adjustment and population programmes and for assessing how high-risk births can be reduced. The UNFPA-supported regional programme on social dimensions of structural adjustment would provide some technical support to this survey.

48. To complement USAID's support to family planning logistics and management information systems and the World Bank-supported programme management information systems, UNFPA would assist District Health Management Teams in carrying out annual surveys of all family planning service delivery points. In addition, UNFPA would assist such teams in conducting short-term studies of area-specificproblems. UNFPA would provide a total amount of $500,000 for this sector.

Population policy formulation

49. Assistance for policy formulation would be aimed at updating objectives and targets of the national population policy and putting an implementation plan for the national population programme into place by 1995. Additionally, support would be provided for integrating population factors into the country's Sixth National Development Plan (1994-1998). The strategy to accomplish this would include strengthening national and district capabilities for planning, coordinating and monitoring the implementation of the population programme; and improving nationwide recognition of the interrelationships among population, urbanization, environment and development. Special study groups would be commissioned to assess and enhance leaders' and policy makers' understanding of the extent, causes and costs of such sensitive emerging issues as youthful marriages and adolescent fertility, and to increase their awareness of the health benefits of family planning. To complement the World Bank's assistance to Kenya's district population programmes, the programme would support strengthening technical backstopping for the district population officers (DPOs), undertaking short-term training of DPOs to formulate and coordinate district population programmes, and assisting in reviewing and updating job descriptions for DPOs and other central-level NCPD personnel to ensure that they focus on their planning, facilitating and monitoring roles.

50. To heighten the Government's recognition of the demographic implications of its policy of developing small towns of 20,000 or fewer inhabitants into urban centres, through rural development, the programme would support studies and seminars on the effects of growth rates on urban infrastructure, social amenities, and personal and community welfare.

51. Furthermore, the programme would assist the Government in identifying appropriate ways to address the relationship between population and environmental issues through special educational programmes, research and perhaps demonstration projects. UNFPA would provide a total amount of $1 million for this sector, of which $500,000 would be sought from other sources, including multi-bilateral sources.

Population dynamics

52. Proposed assistance to the population dynamics sector would seek to strengthen national expertise in demography and related areas as well as expand the capacity of local institutions to offer in-country training programmes. To help address priority questions concerning long-term sustainability, UNFPA would support the Government's convening of an ad hoc committee of representatives of national institutions, external assistance agencies, and other relevant bodies in mid-1992 to make recommendations on institutional development needs and on a strategy for managing assistance from the Government and donors.

53. UNFPA would continue to support training in population programme management for mid-level managers. Key components of the assistance would be the evaluation of the current training programme and a strong action-research component to make the training more relevant than it has been.

54. With respect to demographic research, proposed assistance would aim at short-term studies to enhance programme implementation, including measurement studies for assessing policy and programme impact, and studies to generate data on sensitive policy issues. Although the NCPD would not be expected to undertake most of these studies at this stage, it would be expected to strengthen staff skills in applying research through close collaboration with other sources of expertise in the country. UNFPA would support development of plans for using other technical resources. UNFPA would provide a total amount of $600,000 for this sector.

Women, population and development

55. Women in the high-risk group would constitute one of the programme's major target groups. Assistance to the women, population and development sector would seek to complement other sectoral activities aimed at improving the socio-economic and health status of women. The proposed strategy for planning and delivering family planning IEC and services, based on contacts with new mothers, would assist local communities in gathering data on women's health and socio-economic status. Such information would be valuable for planning, implementing and monitoring population and other sectoral activities, as well as for sensitizing key leaders and policy makers on the needs of Kenyan women. In collaboration with the efforts of other external assistance agencies, such as UNDP, UNICEF and the World Bank, the programme would encourage the retention of girls in school.

56. Additionally, UNFPA would support the Government in strengthening the institutional base of the Women's Bureau so that it can enhance national leaders' understanding of the status of women and of the socio-economic costs of obstacles to improving that status. The programme would further help the Bureau and other women's organizations to develop a national strategy and plan of action for women's activities, based in part on the Safe Motherhood Initiative, and to pursue advocacy functions through gender-sensitization

seminars for policy makers. In addition, the programme would aid the analysis and dissemination of demographic data by sex. UNFPA would provide a total amount of $1.1 million for this sector, of which $500,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

57. An amount of $300,000 has been set aside as a reserve to cover unforeseen activities that may be developed within the context of the proposed programme.

Programme coordination

58. In its capacity as coordinator of the national population policy and programme, the NCPD would review and update population policy goals; design a national implementation plan; mobilize resources and ensure their flow to priority activities; coordinate implementation by various line ministries, institutions and NGOs to ensure complementarity; and monitor implementation to assess programme impact. UNFPA would continue its coordination of donor inputs through regular inter-agency consultations. The Joint Consultative Group on Policy (JCGP) would provide a forum for coordinating the activities of the member agencies of the United Nations system.

Programme monitoring, evaluation and management

59. Programme implementation would be monitored through previously described impact assessment mechanisms and through provisions of the UNFPA Project Management Plan. Each project would be supported in gathering clear baseline data before it begins, and in incorporating built-in evaluation mechanisms. UNFPA would undertake a mid-term review of the programme in late 1993 and a final evaluation in 1995. Whatever the mode of execution, UNFPA would make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

60. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $13.6 million over the four-year period 1992-1995, of which $9.6 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $4 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	5,100,000	2,000,000	7,100,000
Information, education and communication	2,000,000	1,000,000	3,000,000
Data collection and analysis	500,000	--	500,000
Population policy formulation	500,000	500,000	1,000,000
Population dynamics	600,000	--	600,000
Women, population and development	600,000	500,000	1,100,000
Programme reserve	300,000	--	300,000
TOTAL	9,600,000	4,000,000	13,600,000

V. RECOMMENDATION

61. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Kenya in the amount of $13.6 million for the four-year period 1992-1995;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $9.6 million from UNFPA's regular resources, over the period 1992-1995;

(c) Further authorize the Executive Director to seek to provide the balance of $4 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Kenya and with the executing agencies.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Malawi
Support for a comprehensive population programme

Proposed UNFPA assistance:	$10.5 million, of which $6.5 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $4 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Malawi United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Finance

/...

MALAWI

Demographic facts

Population Total (000)	
Total	8,754
Males	4,257
Females	4,497
Sex ratio (/100 females)	94.7
Urban	1,034
Rural	7,720
Per cent urban	11.8
Population in year 2000 (000)	12,458
Functional age groups (%)	
Young child: 0-4	20.6
Child: 5-14	28.0
Youth: 15-24	18.4
Elderly: 60+	4.1
65+	2.5
Women: 15-49	22.5
Median age (years)	15.7
Dependency ratios: total	104.6
(/100) Aged 0-14	99.4
Aged 65+	5.2
Agricultural population density (/hectare of arable land)	2.56
Population density (/sq. km.)	74
Average annual change (000)	
Population increase	348
Births	533
Deaths	183
Net migration	-1
Annual population total (% growth)	3.63
Urban	6.34
Rural	3.23
Crude birth rate (/1000)	55.4
Crude death rate (/1000)	19.0
Net migration rate (/1000)	-0.2
Total fertility rate (/woman)	7.60
Gross reproduction rate (/woman)	3.74
Net reproduction rate (/woman)	2.56
Infant mortality rate (/1000)	138
Life expectancy at birth (years)	
Males	48.4
Females	49.7
Both sexes	49.1
GNP per capita (U.S. dollars, 1989)	180

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $10.5 million, of which $6.5 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Malawi in achieving its population and development objectives. UNFPA would seek to provide the balance of $4 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be the third UNFPA country programme in Malawi. The second programme, 1987-1990, was extended by the Governing Council for one year to enable UNFPA to synchronize its programming cycle with that of the Government as well as of the United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF).

2. The proposed programme is based on: (a) the findings and recommendations of the Programme Review and Strategy Development (PRSD) exercise of 1991, which culminated in the October 1991 Principal Secretaries Workshop to Review a Population Strategy; (b) the priorities of the Government's Statement of Development Policy Objectives 1987-1996 and subsequent policy statements; (c) extensive discussions with government officials and representatives of agencies of the United Nations system, multi- and bilateral donor agencies and NGOs; and (d) recommendations of population seminars and reviews, including the Inter-agency Population Sector Review of 1989 organized by UNFPA and the World Bank. The proposed programme would also be guided by the Kilimanjaro Plan of Action, the Amsterdam Declaration and the UNFPA Strategy of Assistance to sub-Saharan Africa.

3. The overall objective of the proposed programme is to assist the Government in consolidating the achievements of UNFPA's second country programme (1987-1991) in order to strengthen and advance the National Population Programme. The more specific objectives of the third country programme are: (a) to develop and incorporate a population policy into the strategies and programmes of various government ministries, NGOS and the private sector; (b) to assist the Government in determining achievable targets to increase the contraceptive prevalence rate (CPR), reduce the total fertility rate from 7.6 to 7.15 and reduce the maternal mortality ratio from an estimated 400 to 200 per 100,000 live births, as well as achieve a decrease in adolescent pregnancies; (c) to increase the demand for delivery of maternal and child health and family planning (MCH/FP) services through enhancing public awareness of the important role of family life education and family planning in improving the quality of people's lives; (d) to improve the status of women and to augment their participation in the development process; (e) to increase knowledge and enhance awareness of the interrelationships between population, the environment, and development; and (f) to incorporate population concerns into Government-donor efforts to alleviate poverty.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice, and the survival of national, regional and minority groups (para. 14 (d)), that respect for human life is basic to all human societies (para. 14 (e)), and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. The population of Malawi has more than doubled since Independence in 1964 when it was just under 4 million. As of 1990 the population was estimated to total 8.6 million. There were also approximately 1 million Mozambican refugees residing in the country. Malawi is one of the most densely settled countries in Africa, with a density per square kilometre of arable land of 166. Densities in the range of 230-460 (excluding refugees) per square kilometre of arable land are found in several districts. The population is rural; less than 12 per cent live in urban areas. Maternal, infant and child mortality rates are among the highest in Africa. Estimates of maternal mortality rates vary from 250 to 470 per 100,000 live births, depending on the region of the country; infant mortality is estimated to be 138 per 1,000 live births. An estimated 250 of every 1,000 children born die before reaching their fifth birthday. There is some indication that, despite impressive progress in immunization, these mortality rates have increased recently, due to the spread of malaria and AIDS. The total fertility rate is 7.6 children per woman and has remained fairly constant in recent years. Demographic scenarios indicate significant future population increase:[1] assuming a constant fertility rate, the population, excluding refugees, will reach 12.6 million by the year 2000 and 22.7 million by 2015. AIDS is adding an enormous burden to the already overburdened health care system, and deaths due to AIDS have begun to reduce the already thin ranks of technical and management personnel in both the public and private sectors.

6. Health services are provided through a network maintained jointly by the Ministry of Health and the Private Hospitals Association of Malawi, the latter being composed mainly of religious missions. There is a severe shortage of qualified health staff; the ratio of one doctor for more than 60,000 population is the lowest anywhere in Africa. In many respects, medical assistants and clinical officers function as physician substitutes, but even so the ratio of 1 per 11,330 population still makes them more thinly distributed than doctors in most countries. Though 80 per cent of the population is estimated to live within 8 kilometres of a health facility, this figure masks wide disparities in access to and level of services offered. Nurses provide family planning services, but in 1989, over two thirds of the country's nurses were still not trained in family planning. The 210 (out of 742) health facilities that do offer child-spacing services often have inadequate space and equipment for consultations.

7. Statistics indicate that 58 per cent of the population 5 years and above is illiterate: 48 per cent of men and 68 per cent of women. Only 62 per cent of children attend primary school, and 4 per cent secondary school. There are as many girls as boys enrolled in the first year of primary school, but by the end of the eighth year the ratio is three boys to one girl. Recent efforts to expand adult literacy programmes have shown modest results, yet they do not target the large number of out-of-school youth.

8. Despite government initiatives, women -- especially rural women -- are particularly disadvantaged. Women constitute 70 per cent of smallholder farmers, and 30 per cent of these farms are headed by females. They face not only the general problems experienced by all farmers but also suffer from seasonal labour shortages and lack of access to extension services and credit. Traditionally, Malawian women marry early -- half are married by the age of 18 -- and are encouraged to have large families. A quarter of birth intervals are less than two years and 60 per cent less than three.

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[1] United Nations projections use 1985 as a base year at which time there were very few refugees in Malawi; refugees now constitute between 10 per cent and 12 per cent of the population. The increasing demographic impact of the AIDS must also be taken into account.

9. By the 1980s all the best land was under cultivation, and smallholders were forced under the pressure of rapid population growth to move into increasingly marginal areas and to shorten or abandon fallow periods. This has led to degradation of soils, falling crop yields and widespread deforestation, particularly serious since forests supply 90 per cent of the country's fuel requirement. Over half of all smallholders cultivate less than 1.5 hectares of land, the minimum necessary to achieve household food security with existing technology. The 1980-1981 National Sample Survey of Agriculture found widespread malnutrition among young children: 57 per cent of children under 5 years of age were chronically malnourished. A majority of rural women experience malnutrition, with particularly severe weight loss during pre-harvest heavy-labour periods.

10. From the late 1970s onwards the Malawian economy has been hit by a number of internal and external shocks, including drought in 1981-1982, increases in oil prices, fluctuations in tobacco and tea prices and the disruption of transport caused by the war of destabilization in Mozambique. Annual per capita income in 1980 and 1990 remained at $180, but fell in real terms in most years during the period. The government has initiated measures to restore macroeconomic stability and economic growth, and since 1988 the economy has expanded at over 4 per cent per year. The interruption of economic growth in the 1980s gave rise to increasing government recognition of rapid population growth as a major and fundamental constraint to social and economic development. Two high-level government meetings have been convened on population in the past two years. The Government's development plan does not include a specific chapter on population but does state that "the importance of a population policy is accepted". A National Population Advisory Committee (NPAC) was established in 1989. By a 1990 Act of Parliament, a National Family Welfare Council (NFWC) was established to serve as advocate, coordinator and supporter of family planning and population information, education and communication (IEC) service delivery. The Population Planning Unit has a mandate to draft a population policy to supplement the Government's development plan.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

11. UNFPA support to Malawi began in the mid-1970s with preparatory assistance for the 1977 national population census. During the 1980s two country programmes were executed. The second country programme was approved by the Governing Council in 1987 in the amount of $3 million for the four-year period 1987-1990. As reported to the Governing Council in 1992, total expenditures for this programme were $3.4 million, or 14 per cent above the amount approved by the Governing Council. This overexpenditure is primarily due to the Government's increased appreciation of the importance of child-spacing as an integral component of effective maternal and child health care and of the significant role that population plays in the economic development process. Expenditures in 1991 are expected to total over $1.2 million.

12. During the period of the second country programme, the Government increased its understanding of the need to address population as a fundamental component of development. UNFPA spearheaded this enhanced awareness through support to a variety of seminars and meetings. The Fund also sought to strengthen linkages among donors in the field in Malawi by, among other things, organizing a population sector review in 1989 in collaboration with the World Bank. The Government of Malawi, UNICEF and the United States Agency for International Development (USAID) were among the participants. It was agreed at that time that UNFPA would take the lead coordinating role between the Government and population-sector donors.

13. Despite considerable achievements, the second country programme encountered difficulties in programme management and staffing. Moreover, several government departments, implementing donor-funded development activities for the first time, required an orientation period to adjust to the accounting and

programming procedures of the various donors. This was compounded by shortages of trained personnel. Programme implementation also suffered because the Government has not always been in a position to fulfill its counterpart contributions.

Maternal and child health and family planning

14. The Government and UNFPA worked together to lower maternal, infant and child morbidity and mortality rates by promoting family planning[2] activities through the country's health service delivery network. Within the country's overall maternal and child health and family planning (MCH/FP) programme, UNFPA-funded activities included: (a) preparation of a five-year national family planning programme, to take effect in 1992; (b) training for family planning service providers; (c) inclusion of family planning in the nursing college curricula; (d) continuation of training of traditional birth attendant (TBA) trainers and TBAs themselves; (e) short-term training of Ministry of Health officials in the most appropriate and effective ways to manage adolescent fertility within the socio-cultural context of Malawi; (f) training of trainers in family planning management; (g) production of booklets on various family planning topics; (h) preparation of forms to record maternity and clinic statistics; and (i) orientation of District Development Committee members on family planning through IEC workshops.

15. The MCH/FP programme faced a number of constraints: (a) the inadequate number and quality of facilities offering family planning services; (b) the sometimes inexpedient use of staff trained in family planning, who are often assigned to other responsibilities or posted where family planning services are not provided; (c) the lack of a government counterpart contribution to support the implementation of IEC activities, procure contraceptives and implement and maintain MCH/FP services; (d) the lack of personnel trained in accounting; (e) the inadequacy of guidelines for the distribution of contraceptives, which target "married" mothers but neglect single mothers, teenage girls and men; (f) the overall inadequacy of health services, particularly those offered during pre-, peri-, and post-natal care; and (g) the need to rely on outdated data on fertility and mortality trends. The programme also suffered because of UNFPA funding constraints in 1991, which resulted in the curtailment of some activities and reduced the supply of some contraceptive methods.

Information, education, and communication

16. Responding to a near vacuum in population IEC activities before the programme began, during the second country programme, UNFPA initiated and implemented more projects in this area than any other. Due to the lead time necessary to conduct basic research, identify target audiences, develop and produce materials and train trainers, most population IEC activities are still in their initial stages. UNFPA activities have been targeted to specific groups such as farmers (through a pilot project in agricultural extension), parents (through a parent education project), adult literacy and home economics students, and youth. Similarly, the Department of Information, working with the Malawi Broadcasting Corporation, has demonstrated that traditional arts -- such as drama and song -- can be effective vehicles in delivering population messages. UNFPA awareness-creation activities played an important role in sensitizing government officials to the need to include population education in schools.

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[2]The Ministry of Health refers to provision of contraceptive services as "child-spacing".

17. Training in various aspects of population IEC and the development of IEC materials have been based on locally-conducted research into socio-cultural traditions, behaviours and attitudes. The most recent such research activity -- on focus groups in three rural areas with adult and adolescent men and women - promises to add to the growing base of socio-cultural data as a foundation for population IEC activities.

Data collection and analysis

18. Since Independence, Malawi has conducted censuses at 10-year intervals. UNFPA assistance to Malawi started with the 1977 population census with technical input that laid the basis for the next census. UNFPA assistance to the National Statistical Office (NSO) for the 1987 Population and Housing Census was limited to technical assistance in updating census maps. The major sectoral constraints were lack of adequate financial resources and lack of trained technical staff. Dialogue between the National Statistical Office and the main users of the statistical data has been inadequate, with resultant problems in producing relevant and timely data for planning, policy making and programming.

Population policy formulation

19. Establishing the foundation to integrate population factors into development planning was an important initiative undertaken during the second UNFPA country programme. UNFPA provided support to help establish a Population Human Resources Development Unit (PHRDU) within the Department of Economic Planning and Development in order to assist the Government in coordinating and monitoring the implementation of population activities and in incorporating population variables into development planning. The PHRDU also serves as the technical secretariat for the National Population Advisory Committee, which was set up to provide guidelines for the development of population programmes, and meets frequently with District Development Committees and NGOs to create awareness about the implications of rapid population growth on development. The effectiveness of the PHRDU has been limited somewhat by staffing constraints and by the lack of adequate funds to conduct research.

Population dynamics

20. UNFPA support for demographic training at the University of Malawi began in 1984. Its objectives were to establish a Demographic Unit to be eventually staffed by nationals; to organize and teach courses in demography and population studies at the University; to identify and conduct research on pertinent topics; and to organize short-term training programmes for middle-level staff of government ministries and other institutions. Most of these goals have been met, and the project has done a commendable job in expanding awareness of population issues among policy makers, government officials, university faculty and students. The teaching of demographic and population studies has now been extended to the Bunda College of Agriculture and the Kamuzu College of Nursing.

Women, population and development

21. There is growing understanding in Malawi of the relationships between women, population and development. Though human resources trained to act on this understanding remain extremely limited, a National Commission on Women in Development is in place, and the Government is working on a policy statement on Women and Development.

22. Ensuring the integration of women in population-related activities was a stated focus of the second country programme. Though no specific activities were developed to address this, efforts were made to involve women as implementors and major beneficiaries of UNFPA-funded projects. For example, UNFPA support for the adult literacy and home economics programme targeted women as providers and ultimate beneficiaries of such activities (90 per cent of adult education students are women). UNFPA also directly supported a number of small-scale training and income-generating activities designed to develop women's managerial and technical skills and to promote the status of women. UNFPA's support for a study tour by five professional Malawian women to visit successful family planning programmes in other developing countries paved the way for development of the National Family Welfare Council. UNFPA also provided support to an NGO seminar in 1990 where discussions on population and development furthered the dialogue with the growing community of NGOs, many of which focus on addressing the needs of rural women.

Other external assistance

23. Of the other multi- and bilateral donors in Malawi, many have given assistance to primary health care within the health sector and to rural development programmes, areas which facilitate the infrastructure and institutional support needed for population programme expansion.

24. Among the United Nations agencies, UNICEF supports an immunization programme and a community-based child care project. UNICEF's projects for child survival and nutrition are particularly appropriate for incorporating population/family planning components. UNDP support to population-related activities includes assistance for the National AIDS Control Programme, establishment of a national medical school, an NGO outreach programme to take family planning messages to men, and a pilot activity to increase off-farm productivity of women.

25. The World Bank's participation in population activities has been mostly through two family health projects. It also provided credit in July 1991 to launch a population health nutrition project which focuses indirectly on lowering population growth rates through improved health and nutrition and promotion of the status of women. It includes activities to help control the spread of malaria and AIDS and provides support to strengthen the National Family Welfare Council and to expand the Ministry of Health's child-spacing programme. The African Development Bank (ADB) began working in the health sector in Malawi in 1983 and has financed two health projects as well as a five-year activity focusing on women in development, which includes credit schemes and supports IEC activities, among other things.

26. USAID is involved in human resources development, contraceptives supply and logistics support and is funding a variety of activities to help prevent HIV/AIDS infection. The United Kingdom, through the British Overseas Development Administration (ODA), has provided technical and material support to census data-processing activities and intends to support efforts to make data available to, and usable by, district and local level personnel. It also provides financial support for medical staff and NGO clinic and outreach family planning services. Germany has indirectly supported population programmes through activities to develop rural growth centres with emphasis on women in development and to establish primary health centres. The Japan International Cooperation Agency (JICA), currently provides support for volunteers -- many of whom are in the health field -- and equipment. The Canadian International Development Agency's support to population sectors in Malawi is through a programme supporting a regional activity for training in the area of women in development. Under Lomé III the European Community provided support for the development and dissemination of child-spacing messages that included training activity in child-spacing for community

development assistants. Within the Lomé IV Convention further support is envisaged for population activities in Malawi.

IV. PROPOSED PROGRAMME 1992-1996

27. In October 1991, a Principal Secretaries Workshop reviewed the PRSD findings and adopted 20 recommendations "to further strengthen the implementation of population-related programmes for accelerated improvement in the quality of life for the people of Malawi". These recommendations include, among others: (a) formulation of a written comprehensive population policy; (b) increase in the facilities providing family planning services and revision of the guidelines for the provision of contraceptives; (c) support for the National Family Welfare Council as the lead agency in extending family planning services, developing a support IEC strategy and coordinating the provision of services with increased demand; (d) the extension of population education to a variety of audiences; (e) formulating a policy statement on women in development; and (f) enhanced attention to maternal health and the problems associated with adolescent pregnancies.

28. The objectives of the third population programme are detailed in paragraph 3 above. The strategies proposed to achieve these objectives include: (a) developing a population policy statement; (b) improving coordination in programming; (c) extending family planning services, emphasizing innovative approaches to service extension and highlighting Safe Motherhood strategies; (d) augmenting population IEC efforts by activating an IEC strategy and coordinating current initiatives to reach a variety of audiences, utilizing socio-cultural research to develop messages and identify target audiences; (e) enhancing the participation of women in the development process; and (f) supplementing ongoing and planned activities of other donors with population IEC components.

Maternal and child health and family planning

29. Malawi's high total fertility rate and maternal and infant and child mortality rates plus the continuing increase in adolescent pregnancies coupled with low levels of contraceptive use and inadequate extension of services determine that the MCH/FP sector will remain the predominant one for UNFPA assistance. UNFPA's efforts would continue to support the Ministry of Health's family planning programme, particularly to make family planning services available through all health institutions and through community-based programmes, and to provide institutional support to the National Family Welfare Council. As selected Government targets are rather modest, UNFPA would also work with the Government in reviewing the targets to determine if they can be revised in line with more up-to-date baseline data.

30. Insufficiently trained and inadequate numbers of staff remain major constraints in the public health care delivery sector. The institutional capacity to manage primary health care remains weak. Thus, working through the national health care network, UNFPA would continue to support training to increase the number and quality of human resources needed to expand MCH/FP activities. Assistance would emphasize alternative strategies to extend delivery of MCH/FP services through enhanced health education activities and through efforts such as community-based distribution of contraceptives. Safe Motherhood initiatives would be furthered through improving the collection of accurate statistics on maternal mortality, emphasizing the relevance of Safe Motherhood in IEC activities and conducting operational research to identify constraints to quality obstetric care and to achieve a more effective population and family planning programme. UNFPA would also bolster its assistance to the health information system, to ensure that family planning is incorporated into ongoing efforts to decentralize access to MCH data and to strengthen ongoing coordination with the National AIDS Control Programme in training, research and IEC activities. Initiatives of private

hospitals to expand primary health care through community-based and outreach services may be supported in the third programme if resources permit.

31. Using a projection of a moderate decline in the total fertility rate and and a commensurate rise in the contraceptive prevalence rate, to of 13.1 per cent in 1995 and 25.9 per cent in 2002, the Population and Human Resources Development Unit estimated that annual contraceptive costs for family planning purposes (not including condoms for the National AIDS Control Programme) would be $1.13 million in 1995 ($181,000 for Depoprovera) and $3 million in 2002 ($635,000 for Depoprovera). UNFPA would provide Depoprovera, while USAID would furnish other contraceptives.

32. UNFPA would continue to support the National Family Welfare Council (NFWC) and encourage its efforts as both advocate for and coordinator of IEC activities , family planning service delivery and HIV prevention. The Fund would also seek to strengthen the capacity to anticipate opportunities to fund new initiatives and to reach previously unserved or underserved areas.

33. UNFPA proposes to provide $4.3 million for the MCH/FP section, of which $1.3 million would be sought from other sources, including multi-bilateral sources. Approximately $400,000 would be used to support the NFWC.

Information, education and communication

34. UNFPA support to the area of population IEC would build on the work initiated during the second country programme and would focus on mobilizing support from all sectors to promote expansion of family planning service delivery. This sector offers dynamic programming possibilities, as recently demonstrated by the results of focus group and socio-cultural research. UNFPA proposes to support the following activities: (a) to assist the Government in developing a population IEC strategy and in coordinating its implementation, under the sponsorship of the NFWC and in collaboration with the National Population Advisory Committee; (b) to work with the Ministry of Community Services strengthening parent education activities; (c) to continue to develop, produce and disseminate pertinent information with the Department of Information and Malawi Broadcasting Corporation; (d) to introduce population components into the formal school curricula; and (e) to incorporate population and environment education into training programmes for extension and youth workers. Socio-cultural research would continue to be undertaken in order to provide a foundation for IEC programme design and implementation. The amount of $3.2 million is proposed for this sector, $1.2 million of which would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

35. UNFPA would support further analysis and dissemination of the 1987 census results, focusing on disaggregation of data at the local level -- including disaggregation by gender -- to facilitate decentralization in planning and programming. Preliminary support for the 1997 census may also be provided as well as institutional support and training to the National Statistical Office. The amount of $400,000 is proposed for data collection and analysis, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

36. UNFPA would continue to support the Population and Human Resources Development Unit, in particular its efforts to coordinate population activities, to integrate population variables into development planning, and to facilitate understanding of the interrelationship between population, the environment and development. UNFPA assistance would also be used to strengthen the Unit's capacity to ensure that results of the upcoming demographic and health survey and other intercensal surveys are analysed, widely disseminated and utilized. UNFPA support to the Unit during the period of the proposed programme is essential since the Unit is expected to play a central role in developing a written population policy as a supplement to the Government's Statement of Development Policies. Once this is accomplished, line agencies and ministries would develop implementation plans in coordination with the National Population Advisory Committee. An amount of $900,000 is proposed for population policy information, of which $500,000 would be sought from other sources, including multi-bilateral sources.

Population dynamics

37. The Demographic Unit at the University of Malawi would continue to receive UNFPA support, at a greatly reduced level from the previous period, for teaching and research activities. The Population and Human Resources Unit would also promote and coordinate research, particularly on environment-population-development linkages, which in Malawi are often related to agricultural policies and practices. UNFPA would also support the efforts of the National Population Advisory Committee and the National Family Welfare Council in their capacities as coordinating bodies for population and for child-spacing programmes, respectively, in undertaking, assimilating and utilizing socio-cultural research as a basis for programming. An amount of $300,000 is proposed for this sector, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

38. The October 1991 Principal Secretaries Workshop on Population recognized that "safe motherhood, reproductive health and sustainable family size play an important role in improving women's status", and recommended various measures to improve the status of women. These included: (a) formulation of a policy statement on Women in Development; (b) incorporation of gender issues in all aspects of development policy; (c) disaggregation, analysis and presentation of basic population data by gender in ways that adequately indicate women's contributions to the national economy and to economic development; and (d) the active involvement of women in managing and coordinating population programmes. The workshop further recommended that deliberate efforts should be taken: (a) to ensure that reproductive and maternal health are given appropriate attention; (b) to change attitudes in order to encourage girls to pursue educational and productive opportunities; and (c) to promote affirmative action (with clearly identifiable targets) with respect to female enrolment in schools and institutions of higher learning. Under the proposed programme, UNFPA would, together with other donors, assist the Government in its efforts to act upon these recommendations, paying particular attention to linkages with population components.

39. UNFPA support in this area would aim to contribute to these goals by: (a) adding population and environment education onto ongoing women-in-development activities; (b) continuing to support, with other donors, the production and community-level dissemination of the Handbook on Laws Relating to Women; and (c) assisting the national women's development organization to integrate child-spacing messages and

income-generating activities into its extension programmes. An amount of $800,000 is proposed for this sector, of which $500,000 would be sought from other sources, including multi-bilateral sources.

Multisectoral activities

40. Population supplements. Malawi has been designated by the Joint Consultative Group on Policy (JCGP) as one of the countries in which donors would coordinate their efforts to help alleviate poverty. The new country programmes of both UNDP and UNICEF acknowledge the crucial role that population factors play in Malawi's development efforts and the need to incorporate population activities into their programmes. UNDP concentrates its development interventions in local impact areas; UNICEF in area-based programmes. Both provide mechanisms through which population activities can be tested and integrated as part of community-level multisectoral programmes. UNFPA could supplement these development efforts by providing technical assistance and training in such areas as population IEC, population and environment, family planning service provision, and women, population and development. An amount of $400,000 is proposed for these activities, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

41. The proposed country programme would include a reserve of $200,000, allowing the Fund to respond to unforeseen needs that may arise during the programme period.

Programme coordination

42. The donor community in Malawi, along with the Government, is committed to coordinating population and development planning and programming. The Health and Population Donors Group has fostered an ongoing sense of collaboration among both multilateral and bilateral donors. Most recently, donor coordination with the Government to co-fund the National Family Welfare Council demonstrated the positive climate established between the Government and donors. The Council is to be funded for its first two years by the UNFPA, World Bank, USAID and ODA, with increasing levels of government support. Others donors have indicated an interest in future support to the Council's activities. In addition to periodic meetings of heads of United Nations agencies, a Donor Task Force on Poverty Alleviation is studying ongoing and planned activities to determine how to work together most effectively. UNDP is actively involving the United Nations agencies and organizations in its programming for its fifth country programme for 1992-1996, which has population and environment as one of six "cross programme strategies" with population interventions included in the 21 components of four programmes.

Programme monitoring, evaluation and management

43. Monitoring and evaluation would be carried out in accordance with standard UNFPA guidelines, which would include substantive annual project reports leading to tripartite review meetings. Managers of all UNFPA-supported activities would be encouraged to participate in the tripartite review meetings of other activities in the programme. A country programme review would be scheduled, in coordination with UNDP and UNICEF, for late 1994. In an effort to address management difficulties encountered in the past, UNFPA would provide training for national staff to improve management, monitoring and evaluation skills. The Fund would also involve resident experts and United Nations volunteers, national project coordinators and members of technical support teams in developing programme indicators of progress and in applying and adapting them as the programme develops. Whatever the mode of execution, UNFPA will make full use of available and

appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

44. As indicated in paragraph 1, UNFPA proposes to provide assistance in the amount of $10.5 million over the five-year period 1992-1995, of which $6.5 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $4 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The table below shows how the programme would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	3,000,000	1,300,000	4,300,000
Information, education and communication	2,000,000	1,200,000	3,200,000
Data collection and analysis	200,000	200,000	400,000
Population policy formulation	400,000	500,000	900,000
Population dynamics	200,000	100,000	300,000
Women, population and development	300,000	500,000	800,000
Multisectoral activities	200,000	200,000	400,000
Programme reserve	200,000	--	200,000
TOTAL	6,500,000	4,000,000	10,500,000

V. RECOMMENDATION

45. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Malawi in the amount of $10.5 million for the five-year period 1992-1996;

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(b) Authorize the Executive Director to commit, subject to the availability of funds, an amount of $6.5 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $4 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Malawi and with the executing agencies.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Jordan
Support for a comprehensive population programme

Proposed UNFPA assistance:	$7 million, of which $5 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Jordan United Nations and United Nations organizations and agencies National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Planning

/...

92-13739

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $7 million, of which $5 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Jordan in achieving its population and development objectives. UNFPA would seek to provide the balance of $2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be UNFPA's fourth comprehensive country programme for Jordan.

2. The proposed programme is based on: (a) the findings and recommendations of a Programme Review and Strategy Development (PRSD) mission, which visited Jordan in September-October 1991; (b) the experience of the third country programme; (c) discussions with representatives of government departments, non-governmental organizations (NGOs) and agencies of the United Nations system, as well as with representatives of bilateral donor agencies active in the population field in Jordan. The programme has been designed to fit within the Government's overall population strategy and is intended to complement and supplement national population activities.

3. The objective of the proposed programme is to help the Government meet its population-related goals for 1996, which include: (a) formulating an explicit population policy, devising mechanisms for setting population targets and translating the National Birth Spacing Initiative into programmes, thereby helping to reduce the population growth rate from 3.3 to 2.8 per cent a year by the year 2000 by reducing the total fertility rate from 5.6 to 4.8 children per woman; (b) improving the quality of maternal and child health and family planning (MCH/FP) care so as to help reduce the infant mortality rate from 44 to 35 per 1,000 live births and the maternal mortality rate from 40 to 30 per 100,000 live births; (c) increasing the contraceptive prevalence rate from 35 to 43 per cent; and (d) reducing rural-urban migration. The proposed programme would also seek to enhance women's participation in economic development, improve mechanisms for incorporating population targets into development plans, and support action- and policy-oriented research.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. According to a study prepared for the World Bank, Jordan's population was 3.2 million in 1990.[1] It is projected to grow to about 4.5 million by the year 2000. The annual population growth rate, according to this study, is estimated at 3.7 per cent for 1990-1995 and 3.5 per cent for 1996-2000. At these rates, the population is expected to double in 19 years. Government estimates for 1990 and 2000 are 3.4 million and 4.9 million, respectively. Rapid urbanization has taken place over the past few decades. In

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[1]The World Bank estimates exclude the West Bank. See Rodolfo A. Balatao, et al., World Population Projections 1989-90 Edition: Short- and Long-Term Estimates (Baltimore, MD, The Johns Hopkins University Press, 1991), pp. 208-209. United Nations estimates (4 million in 1990; 5.5 million in 2000) include the West Bank. See the Population Division, Department of International Economic and Social Affairs of the United Nations, World Population Prospects: 1990 (ST/ESA/SER.A/120), pp. 448-49.

1950-1955, for example, little more than a third of the population (35 per cent) lived in urban areas; by 1970, about half the population (51 per cent) lived in urban areas and by 1990, more than two thirds (68 per cent) lived in urban areas.

6. The 1990 Jordan Population and Family Health Survey confirmed a decline in the total fertility rate, which, according to government figures, dropped from 7.7 in 1971-1975 to 5.6 in 1988-1990, falling by about 27 per cent between the early 1970s and the late 1980s. Changes in nuptiality patterns were the primary reason for the decline in the fertility rate during 1976-1983; the widespread adoption of contraception was the primary reason for the decline in 1983-1990. The contraceptive prevalence rate is 35 per cent -- 44 per cent in large cities and 22 per cent in rural areas. Although Jordanians are almost universally aware of population issues and family planning services, the high fertility and growth rates indicate a gap between people's knowledge about contraception and their actual practice.

7. Social and economic factors. The Government is committed to the strategy "Health for All By The Year 2000" and has made progress in, inter alia, establishing physical facilities and developing human resources. The private sector accounts for 45 per cent of national health expenditures and employs 50 per cent of the country's physicians. Complementing the Government's efforts to meet the population's needs are approximately 500 NGOs, mostly charities that provide services for the poor; pre-school services; care for the handicapped, orphans and the aged; vocational training; and community development. The Government facilitates technical assistance to NGOs and encourages them in establishing new centres across the country. Although autonomous, they need government permission to receive assistance from external donors. Few NGOs work in the field of population. The major one is the Jordanian Family Planning and Protection Association (JFPPA), an affiliate of the International Planned Parenthood Federation (IPPF), which now provides 30 per cent of the total family planning services through its eight clinics.

8. Jordan's educational status is one of the best among developing countries. The literacy rate is 79 per cent. The country has highly qualified manpower, many of whom provide expertise to other Arab countries. However, for sociocultural reasons, women have not been heavily represented among this group, nor does their participation in formal employment match their high educational attainment: women represent 51.7 per cent of the total enrolled in secondary school and 50.3 per cent of those enrolled in higher education.

9. After a decade of steady growth, Jordan's economy began to decline in 1983, when the drop in oil prices curbed the economic boom of the oil-producing Arab countries, leading to cuts in official Arab aid to Jordan. By 1988-1989, growth in the gross domestic product (GDP) became negative, as exports of manufactured goods, remittances and foreign aid all dropped sharply. These events were also reflected in deficits in the balance of payments and the Government's budget. High unemployment -- reaching 25 per cent -- and inflation rates compounded the problems. Meanwhile, the Government was burdened with an external debt of $8.4 billion (1989). To cope with the economic crisis, the Government adopted a structural adjustment programme for 1989-1993, aimed at reducing consumption expenditures; increasing investment, government earnings and national exports; and enlarging the private sector's role. However, the programme was interrupted by the war in the Persian Gulf, which also led to the return of 300,000 Jordanians from the Gulf countries, increasing the demand for basic commodities and public services and exacerbating unemployment. The Ministry of Planning is now preparing a macroeconomic framework of economic policies and measures aimed at achieving reasonable growth rates and providing solutions for unemployment and poverty.

10. Jordan has a number of environmental problems. Its limited natural resources, especially water, are being affected by the rapidly increasing population and the pollution of water resources and irrigation systems. Apart from the exposure of scarce water resources to biological and chemical pollution, agricultural lands suffer degradation and soil erosion due to unplanned urbanization. Wildlife is threatened with extinction by hunting, and air pollution is increasing due to mechanization, dust from phosphate mining, garbage incineration and ad hoc waste disposal.

11. The Government, aware of the linkage between population and development, considers the population's growth rate too high. To reach a stable population growth rate, the Government is planning to endorse a programme providing birth-spacing services in public, NGO and private health facilities and to implement IEC activities. It is also considering such strategies as limiting immigration and encouraging emigration. The Government also aims at reducing morbidity and mortality and improving population distribution. Although the Government views population factors as closely related to economic growth, it does not consider population size as a direct determinant of such growth and has, as yet, no explicit population policy.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

12. The proposed programme would be the fourth in a series of UNFPA-assisted programmes for Jordan. From 1976 to 1991, UNFPA expended approximately $11 million on Jordan's programmes. The third programme (1986-1991), which was based on the recommendations of a 1985 needs assessment mission to Jordan, was approved in 1986 for $4 million and extended by $552,000 for two years (1990-1991); of the total $4.55 million, about $4.2 million was spent. The third programme aimed at strengthening the national population programme and services and at promoting self-sufficiency in these areas. Collectively, the three programmes contributed to establishing a sizeable population database; reducing the total fertility rate, the infant mortality rate and the maternal mortality rate; increasing the contraceptive prevalence rate; and improving the population's health.

13. Many of the prerequisites for the formulation of an explicit population policy are now in place. Awareness of population factors and their linkages with development is already high, and it is increasing with the economic crisis facing Jordan. Institution-building has progressed over the three programme cycles, as evidenced by, inter alia, the formulation of three five-year development plans since 1975. Moreover, the National Population Commission, originally set up in 1973, has been reactivated. In addition, many surveys were carried out between 1976 and 1990, facilitating the monitoring of changes in population factors.

14. However, several constraints prevented the formulation of a coherent population programme, including the absence of a conceptual framework to guide the programming process and the integration of population variables into planning; the lack of a clear perception of the impact of high population growth on the depletion of natural resources and deterioration of the environment; the war's effects on the economy, causing budget cuts in social development, and the Government's import restrictions, affecting the implementation of population activities; and inadequate mechanisms for coordinating the national population programme.

Maternal and child health and family planning

15. UNFPA's third country programme (1986-1991) supported several activities in the MCH/FP sector designed to improve accessibility, coverage and the quality of services of the Ministry of Health's MCH/FP

clinics; to provide equipment and vehicles to many of the 53 health centres; and to train staff. Support was also provided for staff salaries and contraceptives to assist in the expansion of JFPPA's family planning services as well as for improving maternal and perinatal care at the King Hussein Medical Centre and Aidoun Hospital by providing equipment, fellowships for staff training abroad, local training programmes for medical and paramedical personnel, and research in family planning and reproductive health.

16. Despite these efforts, however, the provision of MCH/FP services in primary health care and MCH centres remains insufficient. Moreover, discontinuation rates among family planning users are high, especially among the 25 per cent of women using traditional methods. Longer-term contraceptive methods -- injectables and NORPLANT subdermal contraceptive implants -- are not yet among the methods offered. Local training has been constrained by the absence of a training plan for MCH/FP staff. The MCH/FP management at the central level still requires support as there is not yet a strong focal point for MCH/FP activities in the Ministry of Health. Moreover, neither the National Health Policy nor the development plan includes specific quantified national targets for family planning. Activities are further constrained by the absence of an explicit policy or programme for coordination between public and private sectors, including NGOs.

Information, education and communication

17. Under UNFPA's third country programme, support was provided to Yarmouk University's Department of Journalism and Mass Communication, which trains staff in population communication. The Department also conducted population research, organized study tours, produced textbook materials, and instituted a regular course on population communication.

18. The IEC sector is constrained by the lack of a comprehensive national population IEC strategy and the absence of an institutional framework for IEC activities that would include all the organizations involved in development programmes. In addition, population topics need to be introduced into the school curricula and linked to long-term population objectives.

Data collection and analysis

19. Under the third country programme, support for the data collection and analysis sector included assistance for the Department of Statistics and the Civil Status Department in data collection, research and training. In data collection, activities were aimed at providing data from the civil registration system. Such up-to-date, reliable and disaggregated data were intended to enhance the quality of socio-economic planning by serving as a basis for population projections and for the preparation of a master sampling framework. Two research projects were developed to strengthen the demographic analysis capabilities of the Department of Statistics. A training project enabled the University of Jordan to continue to offer demography courses at the B.A., diploma and M.A. levels.

20. Because of financial difficulties, the census was replaced by a demographic sample survey, scheduled for 1990, which was itself postponed. Hence, there is still a need for providing reliable and up-to-date data as well as for improving data analysis, dissemination and uses. Further efforts need to be made to institutionalize the data-collection process and to expand national training capacity.

Population policy formulation

21. Although the Government has identified population growth and limited natural resources as important issues relating to the country's economic growth and social progress, it has not yet adopted an explicit population policy. However, the National Population Commission has proposed a birth-spacing initiative for government endorsement. Its aim is to provide birth-spacing services at governmental, NGO and private health facilities and to implement supportive IEC programmes involving the Ministries of Health, Education, and Religious Affairs. Increasing government commitment can be seen in the reactivation of the Commission and the creation of its General Secretariat. There are also indications of increasing commitment to population activities among such national NGOs as the Queen Alia Fund, which hosts the Commission's General Secretariat and supports its objectives. In addition, UNFPA assistance to the Ministry of Planning to develop an analytical framework for integrating population variables into development planning resulted in the establishment of a Human Resource Unit in the Ministry, the training of various staff, and several studies. However, these efforts suffered as a result of the economic crisis and the Gulf War, and the effectiveness of the Unit remains limited.

22. There is still a need for: (a) a population policy that takes into account the interrelationships between population, development, environment and resources; (b) stronger institutional capabilities to undertake population and development activities; and (c) mechanisms for coordinating, monitoring and following up population and development programmes.

Women, population and development

23. UNFPA assisted the sector of women, population and development at both policy-making and grass-roots implementation levels. UNFPA provided an expert to advise the former Directorate of Women's Affairs at the Ministry of Social Development. At the grass-roots level, UNFPA supported two activities. The first one was a community development complex, run by the Queen Alia Fund, where women were trained in health, nutrition, child care, family planning and environmental issues; household plant and animal production to supplement nutrition and family income; management of local institutions, cooperatives and credit; and income-generating activities. The second activity aimed at raising population awareness among policy makers and the public, educating women in family life, and advising women on small entrepreneurship. IEC material was produced and disseminated to women. There were also plans to implement eight pilot income-generating schemes, six of which have been launched.

24. However, efforts in this sector were constrained by the absence of a national strategy addressing women's needs, including the need for more effective integration of women and population concerns into development activities.

Other external assistance

25. Besides UNFPA, three major international agencies -- the World Bank, IPPF and the United States Agency for International Development (USAID) -- have provided support for population- and health-related activities. The World Bank provided two loans for the building and restoration of the primary health care infrastructure, research on health manpower, health financing and MCH; IPPF has supported the JFPPA in family planning service delivery; and USAID has supported social marketing of contraceptives, family health services, data collection and population policy. Other United Nations organizations and agencies working in population have provided technical assistance in various programme areas ranging from social development

planning, data collection and demographic research to training in mass media, health (including MCH/FP) and education.

IV. PROPOSED PROGRAMME 1992-1996

26. The UNFPA programme of assistance to Jordan for 1992-1996 aims at supporting the Government's efforts to ensure harmony between the country's development needs and its medium- and short-term population growth. Specific population targets for 1996 are: (a) reducing the total fertility rate from 5.6 to 4.8 and the infant mortality rate from 44 to 35 per 1,000; (b) reducing the maternal mortality rate from 40 to 30 per 100,000 live births; (c) increasing the contraceptive prevalence rate from 35 to 43 per cent; and (d) reducing rural-urban migration.

27. To address the above objectives, the Government's overall national population strategy entails: (a) securing quality management for the population programme in the context of development planning; (b) ensuring that population factors are included in all development planning, that an explicit population policy is formulated, and that priority is given to policy-oriented research; and (c) improving the target-setting process and reducing the population growth to about 2.8 per cent by the year 2000. The strategy includes supporting national institution-building and establishing appropriate mechanisms for cooperation, coordination and follow-up to maximize the value of the national population programme; and continuing to mobilize all concerned NGOs to participate in planning and implementing the national population programme. The strategy also entails fostering a dialogue among policy makers and other influential groups, including political parties and professional labour and women's organizations, to increase awareness of population variables and their interrelationships with environmental and development programmes; intensifying population IEC programmes; continuing to revise and prepare curricula for various target audiences; and encouraging the integration of women in economic development.

28. In line with UNFPA's mandate and policy guidelines, several areas have been identified that require its technical and financial assistance during the 1992-1996 programme cycle. In consultation with the Government, UNFPA would work towards mobilizing additional bilateral and multilateral resources to respond to the country's needs in the fields of population, environment, and women and development, ensuring also that all activities under the various work plan categories are oriented towards the integration of women, population and development. The proposed sectoral strategies and programme areas, which are based on the overall national population strategy, are outlined below.

Maternal and child health and family planning

29. The objective of UNFPA assistance to the Ministry of Health is to support the improvement and expansion of MCH/FP service delivery, to increase modern contraceptive prevalence, and to improve the method mix, including increasing the use of more reliable methods. The proposed programme would aim at upgrading the Ministry's MCH/FP section to enable it to plan, organize, implement and supervise the MCH/FP programme and at strengthening the Department of Health Education and the Department of Training by the establishment of a national training centre for family planning courses and by providing assistance to medical and paramedical institutions in introducing and revising Safe Motherhood and family planning elements in their curricula.

30. The programme would also help broaden the range of modern contraceptives and would introduce injectables and NORPLANT in selected hospitals, along with staff training in those methods; ensure that

health and MCH/FP services address women's needs for pre- and post-natal care, with appropriate counselling and family planning service delivery; improve the quality of family planning services by strengthening the knowledge, counselling, supervisory and follow-up skills of service providers; and provide technical assistance to strengthen community-based services in MCH/FP programmes. UNFPA would also continue to support expanded provision of clinical services by NGOs, such as JFPPA. In its expansion programme, JFPPA would be able to link up with the Queen Alia Fund and to use its facilities, which are available for MCH/FP service delivery.

31. UNFPA would provide a total amount of $3.4 million for this sector, of which $900,000 would be sought from other sources, including multi-bilateral sources. Of the $3.4 million allocated for MCH/FP, $1.5 million would be used to cover one third of the projected national contraceptive requirements, aimed at reaching a 43 per cent prevalence rate by 1996. It is expected that the private and NGO sectors would provide the remaining two thirds.

Information, education and communication

32. UNFPA would assist the Government in developing a national population IEC strategy to strengthen the Government's capacities and reinforce overall coordination among the various partners concerned. The national IEC strategy would encompass: (a) the development and establishment of a coordinating and facilitating mechanism involving various government bodies and NGOs in population IEC activities; and (b) special studies of sociocultural reasons for the gap between people's knowledge and attitudes towards family planning, on the one hand, and contraceptive practice, on the other.

33. UNFPA support would focus on enhancing population IEC activities and formulating a comprehensive population IEC strategy, including in-school and out-of-school education, with community participation through NGOs. To enhance the provision of guidelines and directions for all population information activities, support would be geared to establishing a coordinating body at the Ministry of Information. Efforts would also be made to institutionalize population IEC within the structure of the Ministry of Health's Health Education Department, the Ministry of Information's Department of Training and Development Communication, Yarmouk University's Department of Journalism and Mass Communication, and the National Population Commission.

34. The proposed support would also promote the formulation of a national training programme in population communication techniques for all IEC workers directly or indirectly involved in population activities and the design of specific multimedia and multisectoral communication campaigns addressing hindrances to increased contraceptive prevalence.

35. Under the proposed programme, technical assistance would be provided for the Ministry of Education to consolidate and streamline efforts to introduce population and environmental education materials as part of school curricula at all levels. This effort would include the training and equipping of teachers to undertake population and environmental education on a sustained basis. UNFPA would provide a total amount of $1.3 million for this sector, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

36. Under the proposed programme of assistance for the data collection and analysis sector, UNFPA would support the Government's efforts to increase demand for quality population data; improve data analysis,

dissemination and utilization; institutionalize data collection; and expand national training capacity. Support would go for the implementation of a population and housing census, based on a total count for certain characteristics and a sample survey for other socio-economic information. The programme would also support strengthening the capabilities of the Demographic Analysis and Research Unit and the Jordan Statistical Training Centre -- both part of the Department of Statistics -- for carrying out relevant and timely analysis and training activities involving special training programmes tailored to the needs of various sectoral ministries, institutions and other users. UNFPA would also support the establishment of a data bank in the Department of Statistics for information on, inter alia, women and youth.

37. Continued assistance would be provided to Jordan and Yarmouk Universities for their training and research programmes, giving priority to: (a) policy-oriented research related to the integration of population variables in development planning; and (b) action-oriented studies on sociocultural factors affecting family norms and behaviour, contraceptive knowledge and practice, and related attitudes. UNFPA would provide a total amount of $700,000 for this sector, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

38. The proposed programme's objective is to assist the Government in formulating a comprehensive population policy and in establishing mechanisms for setting targets that are in line with medium-variant projections. These targets would be included in sectoral plans. The proposed programme would also aim at maintaining a continual build-up of population awareness activities to ensure attention to the linkages between population, the environment and sustainable development. To meet this goal, UNFPA would support the National Population Commission and its General Secretariat in: (a) establishing a population information network; (b) continuing a policy dialogue among high-level bodies emphasizing those linkages and organizing special workshops for decision makers; (c) disseminating research findings to various audiences, including political officials, journalists and the public; and (d) identifying research gaps and establishing a roster of experts on these topics at national, regional and international levels. The proposed programme would also support the institutionalization of day-to-day efforts to integrate population variables into development planning, in preparation for a Population and Development Planning Unit. This goal would entail continued support to the Ministry of Planning's Human Resource Development Unit, after broadening its terms of reference. UNFPA would provide a total of $300,000 for this sector, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

39. UNFPA assistance for the women, population and development sector would aim at helping the Government to strengthen its institutional framework for women, population and development and to address women's needs in a variety of sectors, including the expansion of employment and income-generating opportunities, with special emphasis on the population dimension.

40. The Jordanian cabinet recently established a high-level coordinating body for women, population and development with representation from relevant agencies and institutions (government, NGO and private). It assigned the functions of the secretariat of this body to the Queen Alia Fund, enabling it to offer MCH/FP services integrated with IEC, vocational training and income-generating activities for women through its existing centres and in remote areas. Additionally, UNFPA would provide assistance to the Noor Al Hussein Foundation to enable it to offer income-generating activities and IEC.

41. Coordination of the efforts of international agencies is crucial to achieve a multisectoral impact on women involving MCH/FP, population IEC and vocational training. UNFPA assistance would support: (a) vocational training for women, ensuring the integration of the population dimension in all activities; and (b) the formulation of an integrated programme for women, population and development, ensuring that health and MCH/FP services address women's needs in pre- and post-natal care, and provide counselling and family planning delivery. UNFPA assistance would complement other inputs aimed at strengthening and reorienting relevant vocational training and functional literacy programmes geared, in particular, to preparing young women for employment in non-traditional activities; and extending specific services to working women, such as providing and/or expanding kindergartens and children's centres as a public service. UNFPA would provide a total amount of $900,000 for this sector, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Special programme

42. Population and the environment. UNFPA assistance for the population and environment sector would address the necessity for recognizing linkages between population, environment and sustainable development in the National Environment Strategy and the need for a framework in which that Strategy can be fully implemented. The proposed programme would also promote greater knowledge and awareness among the public of population and environmental interrelationships and greater public support for environmental protection. It would also promote the mobilization of the private sector and NGOs in the protection and conservation of the environment. To ensure that the various sectors included in the Strategy -- in cooperation with relevant ministries, educational institutions, the private sector and NGOs -- integrate population variables as determinants and consequences of environmental trends, UNFPA would provide support to the Department of Environment at the Ministry of Municipal, Rural and Environmental Affairs. UNFPA would provide support to the Jordanian Society for the Control of Environmental Pollution to educate the public about the national strategy and to instill in citizens recognition of the need to conserve natural resources, particularly water.

43. UNFPA would also assist in strengthening environmental education and population education in the curricula of educational institutions at all levels. It would promote the development of IEC materials on population and environmental linkages by the Ministry of Information, in collaboration with the Ministry of Education and the Department of Environment, for distribution to all educational institutions. Additionally, it would support research on the linkages between population and environment. It would also support the Department and the Ministry of Health in undertaking environmental health awareness campaigns and services to local communities, targeting women especially and stressing linkages between the environment and the quality of life. UNFPA would provide a total amount of $200,000 for this sector, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

44. An amount of $200,000 would be set aside as a reserve to cover unforeseen activities that may be developed within the context of the proposed programme.

Programme coordination

45. The main needs for coordination are to prevent duplication of activities; to foster greater communication and consultation among donors and between donors and implementing bodies; and to increase

collaboration among programme implementors. The proposed programme would constitute the basis of a framework for cooperation with international and United Nations agencies. Cooperation with members of the Joint Consultative Group on Policy would be intensified. Joint activities with other JGCP agencies would be envisaged. In consultation with the Government, UNFPA would take the lead in assisting the Government in organizing periodic meetings of donors, including NGOs, to identify gaps and overlapping areas in the assistance provided to the country's population programme. UNFPA would also work with the Government to increase the mobilization of resources for population programmes.

Programme management, monitoring and evaluation

46. All programme activities would be monitored and evaluated in accordance with standard UNFPA guidelines and would have built-in monitoring and evaluation mechanisms. A mid-programme review would be carried out in 1994, and independent evaluations would be part of all larger projects. It is anticipated that the role of national and international NGOs would be expanded. Whatever the mode of execution, UNFPA would make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support team that will become operational in 1992 as part of the UNFPA successor support-cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

47. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $7 million over the five-year period 1992-1996, of which $5 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	2,500,000	900,000	3,400,000
Information, education and communication	1,000,000	300,000	1,300,000
Data collection and analysis	400,000	300,000	700,000
Population policy formulation	200,000	100,000	300,000
Women, population and development	600,000	300,000	900,000
Special programme	100,000	100,000	200,000
Programme reserve	200,000	--	200,000
TOTAL	5,000,000	2,000,000	7,000,000

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V. RECOMMENDATION

48. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Jordan in the amount of $7 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $5 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $2 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Jordan and with the executing agencies.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the United Republic of Tanzania
Support for a comprehensive population programme

Proposed UNFPA assistance:	$21 million, of which $13 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $8 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of the United Republic of Tanzania United Nations and United Nations organizations and agencies National and international non-governmental organizations (NGOs)
Government coordinating agency:	National Planning Commission, Office of the President

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UNITED REPUBLIC OF TANZANIA

Demographic facts

Population Total (000)	
Total	27,318
Males	13,507
Females	13,811
Sex ratio (/100 females)	97.8
Urban	8,967
Rural	18,351
Per cent urban	32.8
Population in year 2000 (000)	39,639
Functional age groups (%)	
Young child: 0-4	20.4
Child: 5-14	28.7
Youth: 15-24	18.8
Elderly: 60+	3.8
65+	2.3
Women: 15-49	21.7
Median age (years)	15.4
Dependency ratios: total	105.9
(/100) Aged 0-14	101.1
Aged 65+	4.8
Agricultural population density (/hectare of arable land)	4.91
Population density (/sq. km.)	29
Average annual change (000)	
Population increase	1,131
Births	1,512
Deaths	382
Net migration	0
Annual population total (% growth)	3.76
Urban	7.96
Rural	1.34
Crude birth rate (/1000)	50.2
Crude death rate (/1000)	12.7
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	7.10
Gross reproduction rate (/woman)	3.50
Net reproduction rate (/woman)	2.78
Infant mortality rate (/1000)	97
Life expectancy at birth (years)	
Males	53.3
Females	56.7
Both sexes	55.0
GNP per capita (U.S. dollars, 1989)	130

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $21 million, of which $13 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of the United Republic of Tanzania in achieving its population and development objectives. UNFPA would seek to provide the balance of $8 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed third country programme (1992-1996) aims to assist the Government in attaining its development and population goals as stated in its national development plans and draft population policy. It is based on the Economic and Social Action Programme, which provides the framework for the Government's socio-economic policies and priorities; the objectives of the National Family Planning Plan of Operations; the recommendations of UNFPA's 1991 Programme Review and Strategy Development (PRSD) exercise; a review of the population activities of major multilateral and bilateral donors; and in-depth consultations with government officials. The proposed programme also reflects the principles of the Kilimanjaro Programme of Action on Population (1984), the Amsterdam Declaration (1989) and the UNFPA strategy of assistance to Sub-Saharan Africa and is intended to complement and supplement national population activities.

3. The objectives of the proposed programme are to assist the Government: (a) expand and improve the quality of maternal and child health and family planning (MCH/FP) services in order to reduce maternal mortality and morbidity and infant mortality; (b) develop and implement a comprehensive, multimedia national population information, education and communication (IEC) programme; (c) implement the population policy after its adoption and integrate population into development planning processes; (d) strengthen the national capacity for conducting population research and collecting, processing, disseminating and integrating population information into development planning; (e) expand the development of the nation's human resources so as to increase national self-reliance in the design, management and evaluation of population programmes; (f) enhance the status of women and their participation in population and development activities; and (g) promote awareness of the linkages between population, development, and the environment.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. Since Independence, the population of the United Republic of Tanzania has more than doubled -- from approximately 10.2 million in 1961 to 27.3 million in 1990 -- making it the fourth most populous country in sub-Saharan Africa. Population density ranges from 25.5 per square kilometre on the mainland to 260 per square kilometre in Zanzibar. Preliminary results of the 1988 national census indicate that the annual rate of population growth is 2.88 per cent. (For United Nations estimate, see the data sheet

on page 2.) The total fertility rate has remained above 6.9 since Independence, and the crude birth rate has changed only slightly, from 51.2 to 50.2 per 1,000, over the past 20 years. If the fertility rate remains constant, the population is projected to reach 40 million by the year 2000, 59.7 million by 2010 and 90.9 million by 2020. The national maternal mortality rate averages 340 deaths per 100,000 live births, with regional variations between 250 and over 400 deaths per 100,000 live births. Since 1983, human immunodeficiency virus (HIV) infection and AIDS have become a serious public health problem with potentially far-reaching demographic implications. Population growth pressures are a major problem, and population programmes, especially for family planning, remain an urgent and high priority.

6. If total fertility and birth rates remain at the current high levels, the projected population increases would have serious implications for government efforts to raise living standards and provide basic social services. Between 1988 and 2018, just to maintain present service levels in the health sector, 62,000 new hospital beds would have to be found and the current numbers of service personnel would have to double. To accommodate the projected increases in school enrolment from 3.2 million to 12.1 million (maintaining the current enrolment rate of 75 per cent of the eligible age group), the number of primary schools would have to increase from 10,300 in 1988 to 25,000 in 2008 and 39,000 in 2018. From 1988 to 2018, the size of the labour force would almost triple, from 10.4 million to 27.7 million, and 982,000 new jobs would have to be created each year.

7. Social and economic factors. The United Republic of Tanzania has an estimated 30 ethnic groups and more than 150 tribes. The common national language is Kiswahili. Ethnic, cultural, religious and traditional beliefs and practices are strikingly diverse on such issues as marriage practices, gender roles and land ownership.

8. The nation has been a pioneer in the strategy of primary health care (PHC) for the delivery of health services. In 1989, the network of health facilities consisted of 155 hospitals, 274 health centres and 2,851 dispensaries. There are more than 30,000 trained health care providers, including 930 physicians, 9,000 nurses and midwives, and 3,000 MCH aides. Private, voluntary and church-related organizations provide up to 30 per cent of health care, with government reimbursement of certain costs. Clinic attendance for MCH services is high -- 90 per cent of pregnant women attend prenatal clinics at least once during pregnancy, and 60 per cent of deliveries in rural areas occur in clinics attended by trained staff. Family planning information, education and services were introduced in 1959 by the Family Planning Association of Tanzania (UMATI), which is affiliated with the International Planned Parenthood Federation (IPPF). Starting in 1989, the Ministry of Health began playing a major role in promoting family planning. Family planning services are almost entirely clinic-based, and alternative outlets for contraceptives are limited. Although family planning has been part of MCH services since 1974, about 20 per cent of service delivery points do not regularly provide family planning services because they lack trained personnel or clinical equipment. As of the late 1980s, 10 per cent of women of reproductive age were using modern contraceptive methods. Preliminary data from the recent demographic and health survey indicate an increase in the contraceptive prevalence rate, to 13 per cent.

9. In spite of government efforts to improve their status, women in Tanzania lack equal opportunities to benefit from and help shape development. More needs to be done to raise their social status, to improve and protect their legal rights and provide them with equal access to quality health care, education and financial and economic resources. An estimated 97.8 per cent of economically active women are engaged in agriculture, contributing more than 75 per cent of the country's total export earnings and 40-50 per cent of gross national product (GNP).

10. About 87 per cent of the women and 67 per cent of all Tanzanians live in rural areas, engaged in a variety of agricultural pursuits that have serious environmental implications. Wood provides over 90 per cent of energy needs. Driven by population pressures and the impact of unsustainable farming technologies, deforestation and soil erosion are estimated to be advancing at an annual rate of 300,000 to 400,000 hectares. According to United Nations estimates, 33 to 45 per cent of the total land area is already degraded.

11. With a per capita gross national product (GNP) of $130 in 1989, Tanzania is classified as a least developed country. It is a priority country for UNFPA assistance. In 1986, the Government started to implement structural adjustment and economic recovery programmes. Although the economy has begun to show signs of recovery -- an average of 4 per cent growth since 1987 -- deteriorating terms of trade and the debt burden, among other things, will ensure the nation's continued reliance, for the foreseeable future, on substantial external financial and technical assistance to implement its development and social programmes.

12. The Government's awareness of population and development interrelationships increased during the 1980s. In part, this reflected the impact of the economic crisis on the Government's capacity to meet basic needs for health, education, employment and housing for a rapidly increasing population. The Government established in 1987 a Population Policy and Planning Unit (PPU) within the National Planning Commission (of the Office of the President) charged with fostering the integration of population factors into development planning, and later adopted a national family planning strategy and Plan of Operations. It also drafted a comprehensive national population policy, which is awaiting adoption. The central goal of the draft population policy is the reduction of total fertility from the current 7.3 (government figure) to 5.0 by the year 2000, followed by a more gradual decline to 3.5 by the year 2018. Under this lower fertility variant, the projected size of the population by 2018 would reach 47.1 million, 25 per cent lower than under the constant high fertility variant. This reduction in population growth would translate into, among other things, a lower dependency ratio, a doubling of per capita income and a 50 per cent reduction in the number of new jobs required by 2018. The draft national population policy also highlights improvement in the role and status of women as a major goal and recommends raising the legal age of marriage from 15 to 20 years for women and 20 to 25 for men; by the year 2000, the target is to reduce the proportion of women marrying before age 20 by 50 per cent. The draft policy also sets out broad environmental protection objectives.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

13. UNFPA has provided population assistance to the United Republic of Tanzania since 1971, with support for the publication of census results, the teaching of obstetrics/gynaecology, studies of maternal and child health and child spacing (MCH/CS), and a programme for better family living. In 1980, the Governing Council approved the first comprehensive country programme, in the amount of $6 million for five years (1981-1985). The programme sought to address the following needs: (a) awareness creation; (b) health personnel development; (c) integration of child-spacing services into MCH clinics; (d) promotion of population policy formulation; and (e) the integration of demographic variables into socio-economic planning.

14. UNFPA carried out two reviews of the UNFPA-sponsored MCH/CS programme in 1986 and conducted an in-depth evaluation of the country programme in 1987. In June 1987, the Governing Council approved a second country programme in the amount of $7 million for five years (1987-1991). The second country programme aimed at developing a coherent multisectoral national population programme, supported by an explicit population policy and an operating structure, and at helping the nation achieve self-reliance in its population programmes through planned development of human resources and management and administrative capacity, along with selective institution-building.

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15. Appreciable progress has been made towards achieving the objectives of the second country programme. UNFPA assistance contributed to the Government's adoption of the national family planning programme (NFPP), the formulation of a strategy to improve and expand family planning service delivery, and the drafting of a population policy. The Government has also begun to establish a framework for integrating population into development planning. Assistance helped strengthen population IEC activities by providing management and skills training to national project implementors and by increasing the use of technical advisory services. The Government successfully conducted a national census in 1988. UNFPA support also helped national academic institutions provide population and demographic training and research programmes and courses for government officials. Steps were initiated to promote the advancement of women and to increase awareness of the linkages between population, development, and the environment.

16. The economic environment, however, adversely affected implementation of the second country programme in several ways: the Government experienced difficulties in meeting counterpart obligations, there were delays in recruiting and releasing national experts on a full-time basis for project implementation, and programme implementors suffered low morale. There was also a scarcity of trained and experienced nationals to design and manage population programmes. Poor coordination of donor assistance led to the development of distinct programmes, each dependent on the availability of a small number of implementors. Other constraints on the programme included the poor road network and communications infrastructure, which made supervision and monitoring extremely difficult.

Maternal and child health and family planning

17. The main objectives of UNFPA assistance to the MCH/FP programme include: (a) qualitative improvement of the human and physical infrastructure through training of service providers and upgrading equipment in health facilities; (b) an increase in the contraceptive prevalence rate to at least 20 per cent by 1996; and (c) establishment of a viable management information system (MIS)/logistics system. Total expenditures for MCH/FP activities reached $5.5 million. As the Governing Council was informed in 1991, additional resources were required because the MCH/FP programme evolved more rapidly than had been anticipated in 1987.

18. On the mainland, UNFPA assistance enabled the Government to lay a firm foundation for improved family planning service delivery. In 1989, the Government announced a new family planning policy with explicit performance-achievement targets. It also issued guidelines for service delivery and approved a five-year Plan of Operations to expand and improve the quality of services and to increase contraceptive prevalence.

19. To implement the Plan, the Government has undertaken: (a) strengthening management of family planning services at the central level; (b) equipping all hospitals and health centres and 1,000 dispensaries to provide family planning services; (c) developing training materials in family planning for all cadres of service providers; (d) providing in-service training in family planning for 25 per cent of all regional and district medical officers (in 17 of 20 regions, regional trainers have completed training); and (e) introducing a community-based distribution system to improve access to contraceptives.

20. In 1985, UNFPA funded the introduction of family planning services in Zanzibar, with objectives similar to those of the mainland programme. A total of 85 per cent of health clinics are now equipped and staffed to deliver family planning services. The Zanzibar programme has achieved great success in raising

contraceptive acceptance from virtually 0 to nearly 12 per cent by 1991. There is concern, however, that discontinuation rates are high.

21. Safe Motherhood has emerged as an issue of major national concern in the past three years, as a result of increasing awareness of the condition of women in general and public reaction to recent sharp increases in the incidence of maternal deaths in the country's main referral and teaching hospital. Along with UNICEF and Family Care International, UNFPA helped support the Government in organizing a series of national seminars on the topic and developing a National Safe Motherhood Action Plan.

Information, education and communication

22. The Fund's continued support for IEC activities has contributed to a major shift in both official attitudes and public awareness of the relationship between population growth and efforts to raise living standards as well as to a more open discussion of population issues, including family planning. Since 1978, UNFPA has supported the Population and Family Life Education Project (POFLEP), which has become the recognized national entity for non-formal population education, especially among the rural population, and is credited with having influenced the Government's stance on population issues.

23. The groundwork has been completed for institutionalizing family life education in schools nationwide. UNFPA support has enabled the Government to test the introduction of population/family life education in the formal education system; family life education is now being taught in 10 primary and 5 secondary schools and 5 teacher training colleges in three regions. Education for Responsible Parenthood is a national programme aimed at helping parents communicate with their children on population, health, sexuality and decision-making within a family context.

24. Together with the United Nations Development Programme (UNDP) and the World Food Programme (WFP), UNFPA and UNICEF implemented an integrated multisectoral community development project in Shinyanga Region in the context of the Joint Consultative Group on Policy (JCGP). UNFPA-funded components include community mobilization through family life education, the training of TBAs and the provision of family planning services. In a separate activity, UNFPA funded population education efforts and family planning services at refugee settlements with the concurrence of the Government. In collaboration with other donors, the Fund also supported awareness-creation seminars for national decision makers on a wide range of population issues.

25. Although much has been achieved, population information of all kinds -- including national population statistics and research on health, the role of women, adolescent fertility and misconceptions about modern contraceptives -- is limited. No recognized national institution is responsible for the systematic collection, storage and distribution of population information and data, and few nationals have been professionally trained in the field of population IEC. If desired changes in attitude and behaviour are to materialize, IEC activities need a sharper focus and better coordination. Notwithstanding several initiatives undertaken jointly by the Government and UNFPA, a comprehensive and well-coordinated national IEC programme focusing on creating demand and acceptance of family planning has yet to emerge.

Data collection and analysis

26. Backed by a large government effort, with assistance from UNFPA and other donors, the third post-Independence national population and housing census was successfully conducted in 1988. Although post-

enumeration activities are 18 months behind schedule, preliminary data are being used for training national experts in the integration of population data into development planning.

27. The PRSD mission identified three major weaknesses in the area of data collection and analysis: (a) limited access to population data among the public, planners, policy makers and researchers; (b) inadequate national capacity to process and analyse data in a timely fashion, due to the lack of critical skills and equipment plus poor collaboration and linkages between relevant institutions; and (c) the shortage of adequately trained personnel to undertake systematic data collection.

Population policy formulation

28. A draft national population policy has been prepared and is in the process of being adopted. The draft policy's goals include the integration of population variables into socio-economic planning; the raising of living standards through the provision of basic services and the protection of high-risk groups; reduction of population growth and fertility rates; improvement in the status of women; and protection of the environment.

29. The PPU, which was created within the National Planning Commission in 1987, served as the secretariat as well as the technical and coordinating base during the drafting of the national population policy. Government restructuring, rapid staff turnover and lack of capacity for policy-relevant research have hindered the PPU's ability to achieve integration of population into development planning. Once the population policy is officially adopted, the Unit is expected to be upgraded into the Population and Development and Policy Planning Division, to serve as the technical base for policy implementation.

Population dynamics

30. To develop a national human resource base for designing and implementing population programmes and to accelerate national self-reliance, UNFPA continued its support for strengthening the Demographic Training and Research Unit at the University of Dar es Salaam. Since 1985, 35 students, including 10 women, have been graduated from the M.A. Programme in Demography; all are employed by the Government in population-related work. The Unit has undertaken research at the request of other population programmes and donors and, in July 1991, conducted a special seminar on population and the environment. In 1988, UNFPA initiated assistance to the Institute of Development Management, which trains middle-level personnel in economic planning, local and public administration and health management. When fully operational, this support will help to improve the skills of 90 graduates a year in the integration of population variables into socio-economic planning. The project receives technical backstopping from the Institute of Social Sciences (The Hague), a participating institution in the UNFPA-funded Global Programme of Training in Population and Development. These two institutions also offer short courses for in-service training of both national and local government personnel. Since 1987, in addition to in-country training, 85 nationals have been trained abroad in population-related fields.

Women, population and development

31. The second country programme included support for training women in management and organizational and communications skills. The degree of activity in the field of women, population and development hoped for under the second country programme did not materialize. A national seminar on women, population and development, attended by 200 women leaders, the entire cabinet, senior government

officials and members of the ruling party's National Executive Committee was held in May 1988. A research study and seminar on women, law and population was undertaken by the Faculty of Law, University of Dar es Salaam. Women's issues were dealt with in accordance with the Fund's overall strategy for promoting gender sensitivity in population programmes. Women head four major projects and are well represented in the implementation of all UNFPA-sponsored projects. An estimated 25 per cent of all local and international fellowships and study tours were awarded to women. Along with UNICEF, UNFPA helped finance a situation-analysis study of Safe Motherhood and assisted the Government in developing a comprehensive national strategy for improving women's reproductive health care. The strategy received endorsement at national seminars for parliamentarians, health and social workers, and representatives of NGOs. Greater participation of women in population programmes has been somewhat limited by the scarcity of professionally qualified women and the heavy responsibilities of women for meeting the combined demands of home and work.

Other external assistance

32. More than 60 bilateral and multilateral agencies and NGOs provide development and technical assistance to the nation. In addition to UNFPA, UNICEF, WHO, the World Bank, the British Overseas Development Administration (ODA) (which participated fully in the recent PRSD mission), the German development assistance agency GTZ, Swedish International Development Authority (SIDA), the United States Agency for International Development (USAID), Denmark, the Netherlands, IPPF, and several NGOs, including The Population Council and Pathfinder Fund, provide direct assistance to the health/population sector, chiefly in the fields of health, women in development, awareness creation and basic data collection. For example, GTZ provides family planning within an integrated primary health care programme in two districts. USAID in 1990 signed an agreement with the Government to provide $20 million to the NFPP over a seven-year period and the British ODA has drawn up a proposal to strengthen family planning services in five districts. The World Bank has approved a $47.6 million loan for a health and nutrition project (1990-1995), which will include family planning components and provide for the infrastructural rehabilitation and construction and maintenance of facilities.

IV. PROPOSED PROGRAMME 1992-1996

33. The Government has adopted a three-pronged national strategy for achieving its population goals: (a) social mobilization; (b) national capacity-building; and (c) provision of essential services. More concerted action will be taken to mobilize support for the adoption of a national population policy; promote public awareness of the need to match population growth and national economic performance; and increase the general demand for and acceptance of population programmes, especially family planning services. National self-reliance in implementing the population policy and related programmes will be strengthened through support to key institutions and provision of skills training for national experts. Implementation of the NFPP Plan of Operations will be stepped up to improve the coverage and quality of family planning services.

34. The aims of the proposed third country programme are detailed in paragraph 3 above. To achieve these objectives, the strategy would encompass the following elements: (a) the quality, coverage, outreach and management of family planning services would be improved to meet anticipated demand; (b) population IEC activities would be strengthened and supported by sociocultural research; (c) national training and research institutions would be assisted in upgrading their technical capabilities, and the operational skills of programme managers and service providers would be enhanced through local and international training; (d) the role of women and their participation in the development process would receive greater attention, and men would

be encouraged to become more aware of the consequences of their reproductive behaviour and decision-making; and (e) the use of resources and the implementation of the programme would be improved by strengthening donor coordination, increasing the participation of NGOs and improving access to technical backstopping and advisory services.

Maternal and child health and family planning

35. The attainment of key population policy objectives depends upon the capacity of the MCH/FP services to meet existing and future demand. These objectives include lowering birth and fertility rates, with a target of reducing the total fertility rate from 7.3 to 5.0 by the year 2000; increasing the contraceptive prevalence rate from slightly over 10 per cent to 20 per cent by 1996 and 30 per cent by the year 2000; reducing maternal and infant mortality, and improving the health of the population. In meeting these challenges, the MCH/FP sector has the advantages of an extensive physical infrastructure, a large body of service providers educated in basic health concepts, a coherent and well-articulated strategy and a sympathetic donor community.

36. The critical issues confronting the programme at the end of the 1980s were: the low percentage (10 per cent) of the population using modern contraceptive methods; the high annual discontinuation rates (50 per cent); irregular provision of contraceptive supplies due to a poor MIS/logistics system; the absence of, or minimal, services to important segments of the population, such as men and youth; the poor quality of family planning services; and the inadequate skills in family planning among the majority of service providers.

37. To meet these critical issues, the following areas would be accorded priority within the UNFPA-funded components of the NFPP: (a) improvement in the quality of family planning services through ongoing training of family planning service providers in clinical, counselling and communication skills so as to increase acceptance and lower discontinuation rates; (b) completion of in-service training for service providers so that, by 1993, every service delivery point would have at least two trained staff capable of providing quality family planning services; (c) extension of family planning services by equipping 1,500 dispensaries; (d) extension of services to underserved population groups and the development of special programmes to meet the needs of youth, men, single women, and urban migrants and workers; (e) assistance to other institutions to provide family planning information and services to their personnel; (f) implementation of a community-based distribution programme to improve access to contraceptives; (g) the strengthening of the management and supervisory capacity of family planning personnel; (h) improvement of the MIS/logistics system to ensure consistent availability of contraceptives; and (i) expansion of the information and knowledge base on family planning through research and the establishment of a documentation and reference capacity.

38. In 1991, the cost of contraceptives supplied to the country from the three major donors (UNFPA, USAID and IPPF) amounted to $1.2 million (excluding condoms for the National AIDS Control Programme). Preliminary calculations indicate that, to achieve a 20 per cent contraceptive prevalence rate by 1996, an annual average of $2.8 million would have to be provided for contraceptives between 1992 and 1996. UNFPA would collaborate closely with other multilateral and bilateral organizations and NGOs in meeting these needs.

39. To reduce reproductive mortality and morbidity, the Government intends to implement its Safe Motherhood Action Plan, which calls for the coordination of the activities of several government ministries and NGOs, and the direct involvement of communities in a combined effort to reduce high-risk pregnancies, improve pregnancy monitoring, strengthen the referral system and increase the number of deliveries attended by trained personnel. The proposed programme would assist the Government in this effort, in cooperation with other donors, notably UNICEF.

40. Strategies and activities designed to prevent and control the spread of HIV infection would be incorporated into MCH/FP and IEC activities under the proposed programme, in close collaboration with the National AIDS Control Programme, including the training of health workers, provision of equipment and supplies, and promotion of condom use.

41. Compared to the second country programme, the proposed programme would provide larger total financial resources for MCH/FP activities, although they represent a smaller percentage of overall support. It is expected, however, that other donors will be providing financial assistance in this area. To ensure complementarity with assistance from other donors, UNFPA support would focus on activities aimed at strengthening management and operational capacity at the central and regional levels, training, and the procurement of contraceptives. It is anticipated that resources from other donors would support service delivery at the district and community level. Close collaboration among the principal donors already exists and would be strengthened. UNFPA would provide a total amount of $10.7 million for this sector, of which $4.2 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

42. The population IEC programme to be supported by UNFPA would adopt a multisectoral approach, in which all IEC projects would try to address MCH/FP, AIDS, women, population and development and environmental concerns. The programme objectives are to: (a) assist the Government in promoting awareness of its population goals; (b) provide advocacy for the NFPP, especially to generate and sustain demand for family planning; (c) strengthen institutional capacity for carrying out a multimedia population IEC strategy; (d) promote responsible attitudes towards sexuality and fertility among youth; (e) foster responsible parenthood by helping parents communicate with their children on population-related matters in a family context.

43. With other donors, especially JCGP members, UNFPA would support the Government in establishing an inter-ministerial body to guide and coordinate the formulation and implementation of an integrated national population IEC programme. It would encompass support for training nationals in IEC programme management and professional skills, undertaking sociocultural research, using popular arts and mass media, establishing information and documentation networks to ensure widespread public access to information on population and development, and enhancing media capacity to report on population activities. In addition, UNFPA would provide assistance for strengthening the professional, technical and managerial capacity of POFLEP to become a more effective national entity for non-formal population education in the rural areas; produce a serial radio drama on general population and development issues, with the aim of increasing acceptance of family planning; and introducing population/family life education into the curricula of 50 per cent of the primary and secondary schools in 10 mainland regions and all primary and secondary schools in Zanzibar; expand the responsible parenthood education programme; provide for training of national IEC experts, including journalists; and conduct a feasibility study on meeting programme needs for audio-visual materials. UNFPA would provide a total amount of $4.5 million for this sector, of which $2.0 million would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

44. The proposed strategy for data collection and analysis would comprise two elements: (a) improved access of policy makers, planners, researchers and programme managers to population data in order to sustain population activities and enhance integration of population variables into the planning process; and (b) a

strengthened database for programme design and evaluation. Short-term fellowships would be provided for training in the application of microcomputer technologies in data processing and analysis. Fellowships and technical support would be extended to the East African Statistical Training Centre to improve training and increase the number of nationals taking its courses. The Bureau of Statistics in Zanzibar would be assisted in strengthening its technical capacity for data collection and analysis. The major programme implementing agencies would be assisted in developing information gathering, reference and documentation capabilities as a basis for a national population information network. UNFPA would provide a total amount of $800,000 for this sector, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

45. The goal of UNFPA assistance in the population policy formulation sector is to build up national self-reliance for the implementation of the national population policy, once adopted, and the integration of population data into the planning process. It is anticipated that, with such assistance, the PPU itself and planning units at various governmental levels would be able to develop the needed technical and professional capabilities. The draft policy sets out a comprehensive institutional framework for managing, coordinating and reviewing the policy once it is adopted. The PPU would continue to be assisted in developing its capacity to identify information gaps and coordinate provision of policy-relevant population information; to establish guidelines for the implementation, evaluation and review of the national population policy; and to help establish and coordinate the activities of population units within the line ministries and regional administrations that implement the policy. The Government of Zanzibar would be assisted in establishing a PPU to complement UNDP's assistance to the Zanzibar Planning Commission. UNFPA would provide a total amount of $1.8 million for this sector, of which $800,000 would be sought from other sources, including multi-bilateral sources.

Population dynamics

46. The proposed programme would give high priority to increasing the pool of population experts; supporting research on population issues; providing short-term training for civil servants and NGO employees; and mounting workshops to create awareness of population issues. Thus, UNFPA proposes continued support to the Demographic Training and Research Unit (DTRU) of the University of Dar es Salaam to broaden its training programme and make it more relevant to national needs, strengthen its research capabilities and increase student intake, and to the Institute of Development Management so that it can include population and development planning in its Advanced Diploma programmes for planning and administrative officials and conduct short courses for planning officials. UNFPA would provide a total amount of $1.4 million for this sector, of which $400,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

47. UNFPA's strategies under the proposed programme would be to: (a) continue to raise the level of national awareness regarding gender issues; and (b) ensure the availability of gender-specific data and research findings to assist the Government in implementing the Women's Charter and in monitoring advancements in the status of women, with particular emphasis on population issues. UNFPA therefore proposes to build on the results of the study of women, law and population by providing assistance, in collaboration with other donors, to the Government for codifying customary, religious and civil laws affecting women. UNFPA would also assist the Government in strengthening the institutional capacity of its women's affairs units through training and the development of a social statistics data bank on women. UNFPA would also collaborate on

exploring the feasibility of helping an academic institution introduce a graduate diploma in Women in Development, with a strong research component and a focus on the impact of fertility-behaviour patterns on the status of women. UNFPA would provide a total amount of $1.3 million for this sector, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Population and the environment

48. Under the proposed programme, research papers on population and the environment produced at the DTRU would be published and disseminated. UNFPA would also assess the feasibility of assisting the Sokoine University of Agriculture (SUA) in introducing population/family life education and environment into its training programme. SUA trains the trainers and supervisors of agricultural and veterinary extension workers, and its curriculum already includes elements of demography. Population and environment issues would be addressed in the implementation of the national population policy. Environmental concerns would also be included in population IEC activities; for example, as a component of population and family life education courses in the formal school curriculum. Such concerns would also be included in women, population and development activities.

Programme reserve

49. An amount of $500,000 has been set aside as a reserve to cover unforeseen activities that may be developed within the context of the proposed programme.

Programme coordination

50. To sustain the present momentum in implementing population programmes, increasing multilateral and bilateral assistance will be required. The large number of donors in the country increasingly recognize, however, that improving the nation's capacity to absorb assistance and use resources effectively hinge upon the Government's ability and the donors' determination to coordinate assistance, collaborate in carrying out programmes and avoid competition and duplication. These facets need to be strengthened. The Government has recently established several formal and informal mechanisms for donor collaboration and is attempting to strengthen its capacity and machinery for coordination.

51. Donors in the health sector meet regularly to discuss issues of mutual concern and exchange information on their respective programmes. UNFPA's country programme review meetings have offered a forum for discussions between the Government and the main sources of support for its national population programme. Within the population sector, UNFPA, as the recognized lead agency, would continue to promote coordination among the Government's principal donors and would continue to work closely with its JCGP partner agencies. For example, the Government, UNFPA, USAID, ODA, and GTZ have agreed to meet annually to review all aspects of the NFPP, including management and operational issues as well as programme components financed by individual donors.

Programme management, monitoring and evaluation

52. The scarcity of trained nationals and the absence of competent national institutions to backstop projects have proved to be a major restraint on programme implementation, leading to the extensive use of international NGOs. It is expected that NGOs would continue to backstop several projects under the proposed third country programme while UNFPA, in collaboration with other agencies, especially UNDP,

makes efforts to upgrade government capacity, train programme managers and implementors, and establish appropriate mechanisms for systematically monitoring and evaluating the programme. Established practices and requirements for the monitoring and evaluation of UNFPA-sponsored activities (e.g., tripartite review meetings, annual programme reviews and annual country reviews) would be consistently applied. Whatever the mode of execution, UNFPA would make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support-cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

53. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $21 million over the five-year period 1992-1996, of which $13 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $8 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	6,500,000	4,200,000	10,700,000
Information, education and communication	2,500,000	2,000,000	4,500,000
Data collection and analysis	500,000	300,000	800,000
Population policy formulation	1,000,000	800,000	1,800,000
Population dynamics	1,000,000	400,000	1,400,000
Women, population and development	1,000,000	300,000	1,300,000
Programme reserve	500,000	--	500,000
Total	13,000,000	8,000,000	21,000,000

V. RECOMMENDATION

54. The Executive Director recommends that the Governing Council:

(a) Approve the programme for the United Republic of Tanzania in the amount of $21 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $13 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $8 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of the United Republic of Tanzania and with the executing agencies.